



ADMINISTRATIVE COUNTY OF ESSEX.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1924.

WILLIAM A BULLOUGH, M.B., M.Sc., D.P.H.,
COUNTY MEDICAL OFFICER OF HEALTH.

Chelmsford :

PRINTED BY JOHN DUTTON, 8, FINDAL STREET.



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PREFACE.

*To the Chairman and Members of the Public Health and Housing Committee
of the Essex County Council.*

I have the honour to submit to you my Sixth Annual Report for the Administrative County for the year 1924. This is the 35th Report which has been issued and at the request of the Ministry of Health it is devoted, in the main, to summing up of the year's work for which the County Council is primarily responsible.

In the following Table, I present a comparative summary of the position in the Administrative County in respect to the Birth-rate, Death-rate and Infant Mortality :—

1924.							1923.						
			Birth- rate.		Death- rate.		Infantile Mortality.		Birth- rate.		Death- rate.		Infantile Mortality.
Essex	...	...	17.0	...	10.7	...	52.2	...	18.6	...	9.8	...	48.1
England & Wales..			18.8	...	12.2	...	75.0	..	19.7	...	11.6	...	68.1

The rapid development, consolidation and maintenance of the Combined Medical, Nursing and Clinical Services have placed a great strain on the central administrative staff throughout the year, resulting in the late issue of this report.

I desire, again, to record my high appreciation of the co-operation and counsel of yourself and members of the Committee during my sixth year of office. My thanks are also due to my predecessor, Dr. John C. Thresh, who has continued to assist as Honorary Consultant in County Public Health matters. I am also indebted to the Medical Officers of Health and other officials of Local Sanitary Authorities for their co-operation, and to the medical, dental, nursing and clerical staffs for their loyal services.

I am especially indebted to my Chief Assistant (Dr. T. P. Puddicombe) and my Chief Clerk and Sanitary Inspector (Mr. A. Marsh) for their loyalty and help.

W. A. BULLOUGH,
County Medical Officer

PUBLIC HEALTH DEPARTMENT,
DUKE STREET,
CHELMSFORD.

26th October, 1925.

PART I.

TABLE I.

SHOWING RECORD OF RECEIPT OF ANNUAL REPORT FOR 1924 FROM EACH
LOCAL MEDICAL OFFICER OF HEALTH.

Sanitary District.	Medical Officer of Health.	Date Annual Report received.
<i>Urban—</i>		
Barking ...	... Kerr, Simpson	5th June, 1925
Braintree ...	... P. J. Gaffkin	...
Brentwood ...	... †S. Frazer ...	... 23rd February, 1925
Brightlingsea...	... †E. P. Dicken	... 22nd June, 1925
Buckhurst Hill	... †C. R. Dykes	... 27th May, 1925
Burnham-on-Crouch	... †T. D. White	... 24th June, 1925
Chelmsford B.	... R. H. Vercoe	... 7th July, 1925
Chingford ...	... †E. Hardenburg	... 23rd April, 1925
Clacton-on-Sea	... W. A. Milne	... 21st March, 1925
Colchester B.	... W. F. Corfield	... 5th June, 1925
„ Port	... †E. H. Heaton	... 14th February, 1925
Epping ...	... †H. A. Watney	... 13th August, 1925
Frinton-on-Sea	... †G. Craigie Bell	... 27th May, 1925
Grays ...	... W. B. Wood	... 18th June, 1925
Halstead ...	... J. S. Ranson	... 27th August, 1925
Harwich B. ...	... †G. Ford Porter	... *
„ Port	... „	... 28th March, 1925
Ilford ...	... A. H. G. Burton	... 30th June, 1925
Leyton ...	... J. F. Taylor	... 13th May, 1925
Loughton ...	... †A. Butler Harris	... 22nd April, 1925

*These reports had not been received when Annual Report printed in October, 1925.

†Part-time Medical Officer of Health.

Sanitary District.	Medical Officer of Health.	Date Annual Report received.
<i>Urban—continued.</i>		
Maldon B. ...	... †H. Reynolds Brown ...	17th July, 1925
„ Port ...	... „ ...	17th July, 1925
Romford ...	... A. Ball ...	23rd April, 1925
Saffron Walden B.	... S. R. Richardson ..	10th June, 1925
Shoeburyness	... †E. D. Fountain ...	11th July, 1925
Tilbury ...	... W. B. Wood ...	12th May, 1925
Waltham Holy Cross	... †P. Streatfield ...	25th April, 1925
Walthamstow	... J. J. Clarke ...	30th May, 1925
Walton-on-the-Naze	... †J. C. Brockwell ...	27th August, 1925
Wanstead ...	... †P. Macgregor ...	4th July, 1925
Witham ...	.. †E. C. Gimson ...	17th June, 1925
Wivenhoe ...	... †G. T. Kevern ...	28th March, 1925
Woodford ...	... †R. Vere Hodge ...	8th June, 1925

Rural—

Belchamp ...	... J. S. Ranson ...	12th August, 1925
Billericay ...	.. †J. Douglas Wells ...	27th August, 1925
Braintree ...	... P. J. Gaffikin ...	*
Bumpstead ...	... A. Morgan ...	18th May, 1925
Chelmsford ...	... J. MacDonald ...	6th April, 1925
Dunmow ...	... P. J. Gaffikin ...	*
Epping ...	... †W. F. Erskine ...	3rd June, 1925
Halstead ...	... J. S. Ranson ...	18th July, 1925
Lexden and Winstree	... W. H. Alderton ...	12th May, 1925
Maldon ..	.. J. Macdonald ...	10th June, 1925
Ongar ...	... †A. S. David ...	14th July, 1925
Orsett ...	... †W. Allingham ...	22nd September, 1925
Rochford ...	... J. Macdonald ...	6th July, 1925
Romford ...	... A. Ball ...	27th May, 1925
Saffron Walden	... S. R. Richardson ...	4th August, 1925
Stansted ...	.. R. F. Dunn ...	15th June, 1925
Tendring ...	... J. Ramsbottom ...	20th June, 1925

*These reports had not been received when Annual Report printed in October, 1925.

†Part-time Medical Officer of Health.

STAFF.**(1) Medical.**

(a) *County Medical Officer, School Medical Officer and Chief Tuberculosis Officer—*

W. A. Bullough, M.B., Ch.B., M.Sc., D.P.H.

(b) *Chief Assistant County Medical Officer—*

T. P. Puddicombe, D.S.O., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

(c) *Assistant County Medical Officers, performing combined duties of School Medical Inspector, Tuberculosis Officer and Child Welfare Officer for County Council, and also holding the appointment of Local Medical Officer of Health under Combined Medical Service Scheme—*

Name.	Qualifications.	Centre.
W. H. Alderton	.. M.C., M.R.C.S., L.R.C.P., D.P.H.	Lexden and Winstree
P. J. Gaffikin ..	.. M.C., M.D., B.Ch., B.A.O., D.P.H.	Braintree
W. A. Milne ..	.. M.B., Ch.B., D.P.H. ..	Clacton
J. Ramsbottom..	.. M.B., Ch.B. D.P.H. ..	Tendring
J. S. Ranson ..	.. M.R.C.S., L.R.C.P., D.P.H. ..	Halstead
S. R. Richardson	.. B.A., M.D., B.Ch., B.A.O. D.P.H.	Saffron Walden
R. H. Vercoe ..	.. B.A., M.R.C.S., L.R.C.P., D.P.H.	Chelmsford
W. B. Wood ..	.. M.A., M.D., B.Ch., M.R.C.P., D.P.H.	Grays.

(d) *School Medical Inspectors and Child Welfare Officers (Whole-time, County Council)—*

Maud Bennett (Miss)	.. L.R.O.P., L.R.C.S. ..	.. Orsett
M. D. Rankine (Miss)	.. M.B., Ch.B., D.P.H. ..	.. Braintree
E. U. Vawdrey (Mrs.)	.. L.R.C.P., L.F.P.S. ..	.. Woodford

(e) *Tuberculosis Officers—*

(i) *Consulting Surgeon in Surgical Tuberculosis.*

Sir Henry J. Gauvain, M.C., M.A., M.D., B.Ch.

(ii) *Whole-time. (County Council).*

Charlotte H. Brown (Mrs.)	L.R.C.P., L.R.C.S. ..	.. Epping (also acts as School Medical Inspector)
A. H. Jacob ..	.. L.R.C.P., L.R.C.S. ..	.. Romford (also acts as School Medical Inspector)
J. Sorley ..	.. M.A., M.D., D.P.H., LL.B.	.. Leyton and Walthamstow
M. Barker ..	.. M.R.C.S., L.R.C.P., D.P.H.	.. Chelmsford and Harold Court

(iii) *Part-time. (County Council).*

W. F. Corfield ..	.. M.D., D.P.H. ..	.. Colchester
G. N. Meachen..	.. M.D., B.S. ..	.. Southend-on-Sea
K. Simpson ..	.. M.D., M.R.C.P., D.P.H..	.. Barking

(See also c).

(2) Nursing.

Chief Health Nurse : D. M. Landon, Gen. Training, Cert. Mid. & R.S.I.

Centre.	Name.	Qualifications.	Whole or part time.	Duties undertaken		
				T.B.	S.N.	C.V.
Stansted	Chittenden, A. E.	Gen. Training & Cert. Midwife	Whole	Yes	Yes	Yes
Braintree	Skey, A. F.	Gen. Training & Cert. Midwife	"	"	"	"
Brentwood	White, G. M.	" "	"	"	"	"
Billericay	Hinton, A. L.	Board of Education Cert. & Cert. Mid.	"	"	"	"
Tendring	Wallace, A. C.	Gen. Training & Cert. Midwife	"	"	"	"
"	Steele, M.	Gen. Training	"	"	"	"
Dunmow	Neall, G.	Board of Education Cert. & Cert. Mid.	"	"	"	"
Epping	Macpherson, L.	Gen. Training & R.S.I.	"	"	"	"
Halstead	Jossaume, J.	" & Cert. Mid.	"	"	"	"
Maldon	Clapson, C. R.	"	"	"	"	"
Maldon R. and Burnham	Burnett, B. A.	" "	"	"	"	"
Ongar	Mann, R. L.	San. Training & Cert. Midwife	"	"	"	"
Saffron Walden	Woodman, E. M.	Gen. Training & Cert. Midwife	"	"	"	"
Belchamp	Richards, E. R.	Board of Education Cert. & Cert. Mid.	"	"	"	"
Witham	Watson, H. J.	Gen. Training & Cert. Midwife	"	"	"	"
Rochford	Bishop, W. K.	" "	"	"	"	"
"	Smith, E. M.	" "	"	"	"	"
Waltham Abbey	Waterhouse, M.	King's College Cert.	"	"	"	"
Buckhurst Hill	Glover, E.	Gen. Training & Cert. Midwife	"	"	"	No
Chelmsford	Wood, A. M.	King's Coll. Cert	"	"	"	"
Woodford	Carnall, E. F.	Gen. Training	"	"	"	"
Orsett	Wall, A. D.	"	"	"	"	"
Romford	Newby, A. E.	"	"	"	"	"
"	Philpott, A.	" & Cert. Mid.	"	"	"	"
Ilford	Martin, M.	"	"	"	No	"
Leyton	Griffin, M. W.	"	"	"	"	"
"	Harris, T.	King's Coll. Training	"	"	"	"
Walthamstow	Harrison, J.	" "	"	"	"	"
"	Brightman, A.	Gen. Training	"	"	"	"
Walton-on-the- Naze	Sollars, A.	Cert. Mid.	Part	Yes	Yes	Y
Lexden and Winstree and Wivenhoe	Ling, L. E.	Gen. Training & Cert. Midwife	Part	"	"	"
Grays	Moorman, E. H.	Gen. Training	} Part	"	"	1
"	Button, E. L.	Cert. Mid.				
Tilbury	Walton, W.	Board of Ed. Cert., Cert. Mid. and R.S.I.	"	"	"	"
Clacton	Lambe, H. W.	Gen. Training & Cert. Midwife	"	"	"	"
Colchester	Sasse, A. W.	"	"	"	No	"
Harwich	Cockin, E. J.	Gen. Training, Cert. Mid. and R.S.I.	"	"	"	"

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Population.

The population of the Administrative County at the Census in 1921 was 920,141, and no change in the boundaries of Sanitary Districts has occurred since that date. The Registrar-General has again furnished separate figures in connection with the estimated population for the year ended 31st December, 1924, namely:—

- (1) For calculating birth-rates, the figure which includes civilian and military population is 953,700
- (2) For calculating the death-rate, the figure which includes only civilian population is 948,800

A common population figure (estimated) was, however, furnished by the Registrar-General for every Sanitary District, with the exception of Colchester Borough, Harwich Borough, and Shoeburyness Urban District, each of which contains an appreciable non-civilian population.

The usual Summary, showing average number of persons per acre and acres per person, is set out below:—

TABLE II.

	Area in Acres, 1921.	Population.			Persons per acre.	Acres per person.
		Census 1921.	Estimated Population, 1924.			
			For Birth- rate.	For Death- rate.	(Calculated on Census figures).	
Municipal Boroughs (5)	26,516	89,672	94,012	89,912	3·3	0·29
Urban Districts (25)	75,566	556,655	571,288	570,658	7·3	0·13
Rural „ (17)	862,861	273,814	288,400	288,200	0·3	3·15
	964,443	920,141	953,700	948,800	0·9	1·05

PHYSICAL FEATURES AND GENERAL CHARACTER OF THE DISTRICT.

Essex is one of the Metropolitan Shires, with about one-half of the whole population of the County centred in the south-western corner lying immediately adjacent to the Metropolis. The County in form is roughly a parallelogram measuring 48 miles from north to south and 63 miles from north-east to south-west.

In the County there are to be found populous urban areas, residential suburbs, wide agricultural districts, small manufacturing centres, residential seaside resorts, and a seafaring, fishing and dockside population.

Birth-rate.

The birth-rate for the Administrative County was 17·0 for 1924, as compared with 18·58 for 1923; the rate for England and Wales for the year 1924 being 18·8.

Table XXIII. in Part IV. gives the following highest and lowest rates :—

Highest.			Lowest.		
*Tilbury U....		26·4	Frinton U. ...	..	10·3
*Romford R... ..		25·4	Wanstead U. ...	...	11·7
*Barking U.... ..		22·3	Halstead R...		11·8
Shoeburyness U. .		21·4	Witham U....		12·5
Harwich B. ...		20·7	*Burnham U. ...	...	13·1
*Grays U.		19·2	Lepping U. ...	..	13·1

Similar remarks in regard to those districts marked with an asterisk were made in the Report for 1923.

Death-rate.

The death-rate from all causes in the Administrative County for 1924 was 10·0 as against 12·2 for England and Wales and 9·8 for the County last year.

On page 71 Table XXIII. is given, showing the rates for the various Sanitary Districts from which the following highest and lowest rates are quoted :—

Highest.			Lowest.		
Bumpstead R.		19·3	Loughton U....	...	6·6
Braintree U. ...		17·1	Tilbury U. ...	..	8·0
Belchamp R. ...		16·5	Grays U. ...	...	8·4
Saffron Walden B. ...		15·7	Frinton U. ...	...	8·8
Wivenhoe U. ..		14·9	Orsett R. ...		9·8
Witham U... ..		14·4			

In respect to the ages at death, the Stansted Rural District gives the following interesting figures :—Out of a total of 83 deaths, 52 were over 65 years of age, 2 being between 70 and 80, 21 between 80 and 90, and one was over 90 years of age.

Transferable Deaths.

The Public Health Department again acted as the distributing channel for Transferable Deaths. During the year the Registrar-General supplied returns in respect of 2,243 inward transfers and 3,495 outward transfers, and these returns were forwarded to the various Medical Officers of Health. In several instances, exceptions were taken to the transfers, more particularly to the inward transfers, but after further enquiries in almost every case the deaths were accepted.

Infant Mortality.

The Infant Mortality rate for the Administrative County was 52·2 for the year 1924, as compared to 45·8 for 1923, the average for the past ten years being 61. The rates for England and Wales for the past two years were 69 and 75 respectively.

TABLE III.

DEATH-RATE PER 1,000 POPULATION. DEATHS OF INFANTS PER 1,000 BORN.

SANITARY DISTRICTS.	Birth-rate.		Death-rate.		Infantile Mortality.			
					1924.			
	1924.	1914-23 (Average).	1924.	1914-23 (Average).	1924.	Legiti- mate.	Illegiti- mate.	1914-23 (Average).
URBAN—								
Barking ...	22.3	25.0	10.0	12.5	85.1	83.6	150	82.8
Braintree ...	17.1	18.1	17.1	12.0	41.3	42.7	—	61.0
Brentwood ...	13.7	17.6	9.9	11.8	61.9	66.6	—	64.8
Brightlingsea ...	15.3	18.3	12.8	13.2	29.9	30.7	—	63.6
Buckhurst Hill ...	14.8	18.8	10.6	11.6	53.4	41.6	333.3	72.8
Burnham-on-Crouch ...	13.1	16.2	13.7	13.6	66.7	69.9	—	69.7
Chelmsford B. ...	15.7	18.6	9.8	11.3	38.2	39.5	—	67.6
Chingford ...	18.9	18.6	10.1	10.4	31.7	33.0	—	71.9
Clacton-on-Sea ...	11.8	15.3	10.6	12.7	27.7	29.2	—	59.4
Colchester B. ...	16.9	19.1	11.3	12.4	44.7	38.9	171.3	67.7
Epping ...	13.1	16.2	11.5	13.1	69.0	74.1	—	64.1
Frinton-on-Sea ...	10.3	12.5	8.8	7.8	—	—	—	48.0
Grays ...	19.2	21.8	8.4	12.0	48.8	46.5	200	75.7
Halstead ...	15.2	16.5	13.7	13.8	43.9	45.4	—	50.9
Harwich B. ...	20.7	25.1	10.9	12.1	64.4	57.4	666.6	79.4
Ilford ...	15.5	16.7	9.5	9.7	43.3	38.9	225.8	59.6
Leyton ...	15.7	19.1	9.9	11.5	51.4	50.6	81.6	72.6
Loughton ...	14.0	16.5	6.6	10.4	36.6	12.5	1000	41.6
Maldon B. ...	14.4	17.5	11.8	13.5	21.9	22.7	—	57.4
Romford ...	16.9	19.2	11.2	11.9	52.1	46.7	666.6	70.0
Saffron Walden B. ...	15.9	15.0	15.7	14.6	66.7	46.5	500	58.7
Shoeburyness ...	21.4	23.7	11.0	10.4	65.6	50.4	666.6	53.0
Tilbury ...	26.4	26.9	8.0	14.1	62.7	61.5	100.0	70.8
Waltham Holy Cross ...	16.3	18.6	10.3	11.8	79.6	66.6	250.0	64.0
Walthamstow ...	17.5	20.1	10.1	10.9	64.1	62.7	139.5	68.9
Walton-on-the-Naze ...	17.6	16.0	11.0	10.9	44.5	51.3	—	78.2
Wanstead ...	11.7	14.5	10.7	9.5	38.7	34.6	125	39.8
Witham ...	12.5	18.3	14.4	14.0	85.2	45.5	666.6	77.1
Wivenhoe ...	13.7	17.6	14.9	14.2	62.5	64.5	—	76.1
Woodford ...	16.0	17.3	9.3	10.4	43.2	44.1	—	51.2
RURAL—								
Belchamp ...	16.0	16.6	16.5	15.6	74.6	63.5	250.0	54.3
Billericay ...	16.1	17.2	10.6	12.2	44.6	41.6	111.1	54.8
Braintree ...	14.7	16.7	11.8	14.1	39.1	36.3	166.7	67.3
Bumpstead ...	20.6	19.0	19.3	14.0	81.6	88.8	—	48.1
Chelmsford ...	17.8	15.0	11.7	12.8	50.3	50.0	58.8	58.2
Dunmow ...	14.1	17.4	12.6	14.0	23.2	19.4	111.1	63.1
Epping ...	16.1	17.1	10.6	12.0	28.7	29.4	—	58.6
Halstead ...	11.8	16.1	11.3	13.8	51.7	46.3	125.0	55.6
Lexden and Winstree ...	14.2	16.9	12.0	13.0	53.9	50.3	100.0	61.6
Malcon ...	14.2	18.0	12.7	13.0	38.1	41.1	—	54.0
Ongar ...	18.8	20.2	10.7	14.0	36.1	37.6	—	68.1
Orsett ...	18.9	21.1	9.8	11.3	26.9	27.7	—	68.8
Rochford ...	18.9	18.7	11.2	12.5	50.9	40.6	260.9	57.4
Romford ...	25.4	20.6	11.7	10.6	66.8	63.9	173.9	61.0
Saffron Walden ...	16.5	17.0	13.1	13.8	66.3	62.5	166.6	64.4
Stansted ...	15.7	17.3	11.9	13.4	9.2	9.6	—	61.8
Tendring ...	17.5	20.0	12.3	12.8	51.3	49.6	74.1	64.6
Totals—								
Rural ...	17.5	18.2	11.7	13.1	47.4	44.9	102.8	54.3
Urban ...	16.8	18.5	10.2	11.9	54.3	51.7	148.1	64.6
Adminis. County ...	17.0	18.4	10.7	12.4	52.2	49.6	129.1	63.0

At Frinton no deaths of infants under one year of age occurred, whilst the following districts record the low rates shown :—

Stansted R.	...	...	9.2
Maldon B.	...	..	21.9
Dunmow R.	...	...	23.2
Clacton-on-Sea U.	..	...	27.7

Table III. on page 11 sets out the comparative rates for each Sanitary District in regard to Births, Deaths and Infant Mortality.

NOTIFICATIONS OF INFECTIOUS DISEASE.

In Table XXV. of Part IV. is given a summary of notifications of Infectious Diseases received in the various Sanitary Districts during the year.

ISOLATION HOSPITALS.

In the Report for Year 1921 is set out the authority for the payment of grant by the County Council to certain Hospital Boards in the County. The usual annual inspection of these hospitals (see Table IV, on page 12a) was made during the year and the full annual grant was allowed when improvements, recommended by the County Medical Officer at certain hospitals, had been carried out.

SMALL-POX.

No case of Small-pox occurred during the year under review, the Administrative County having been free from this disease for four successive years. Cases have, however, arisen in various parts of the country, and the usual notifications were received and circulated regarding persons entering the County who had been in contact with cases occurring outside the County.

The London County Council have been good enough to continue the arrangement whereby the services of Dr. W. McConnell Wanklyn are loaned to any Medical Officer of Health in the Administrative County of Essex on application to the County Medical Officer. During the year four such applications were received and six patients examined, and in each instance Dr. Wanklyn was satisfied that the patient was not suffering from Small-pox. Essex is fortunate in being able to call in such an experienced Consultant whose services have been much appreciated.

Dr. Wanklyn's services can be obtained at any time by telephoning to the County Medical Officer (Chelmsford 120) or in emergency telephoning direct to Dr. Wanklyn whose numbers are :—

Office : Hop 5000. Private : Riverside 2678.

I regret to record that in three sanitary areas in the Administrative County satisfactory provision has been made for the isolation and treatment of cases of Small-pox should any arise. Unless some arrangements are made, the County Council will have to consider what steps should be taken under Section 6 of the Isolation Hospitals Act, 1893.

TABLE IV.

12A

Shewing Accommodation, Number of Cases treated, Cost per Bed, etc., at those Isolation Hospitals, for which Grants were recommended for the Year ended 31st March, 1925.

	Billericay.	Braintree.	Chelmsford.	Clacton.	Colchester.	Dunmow.	Grays and Orsett.	Halstead.	Ilford.	Maldon.	Rochford.	Romford.	Saffron Walden.	Walthamstow	Waltham Joint.
Total number of Beds in Hospital ..	22	8	43	17	175	18	87	16	85	10	24	70	21	100	40
Number for purpose of Grant ..	22	8	21	17	58	8	20	16	72	10	12	42	14	91	42
Grant from County Council ..	£120*	£40	£115*	£85	£300*	£40	£110*	£80	£370*	£60*	£70*	£220*	£70	£465*	£220*
<i>Cases treated during year:—</i>															
Scarlet Fever ..	67	11	135	5	340	3	108	27	127	32	68	113	16	227	69
Diphtheria ..	18	15		3	56	5	61	8	56	5	3	68	18	145	38
Typhoid ..	1	3		3	4	..	2	26	2	1	..	3	..	..	..
Other Diseases ..	8	2		8	80	..	35	..	30	3	..	..	..	99	4
Total number of cases treated ..	89	31	135	19	480	8	206	61	215	41	71	184	34	471	111
Nursing Staff ..	5	2	7	3	21	2	9	3	23	4	3	12	2	25	5
<i>Expenditure for the year:—</i>															
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Repayment of Loans ..	143 10 9	131 12 8	247 3 8	150 16 6	532 17 4	263 0 4	1279 14 10	64 0 0	1731 14 11	229 9 1	144 0 0	591 3 2	180 17 2	1940 0 0	456 13 4
Interest on Loan ..	145 13 3	2 13 7	123 8 8	39 17 9	124 18 10	11 10 3	914 16 6	61 14 9	1276 5 11	69 11 11	32 15 6	163 2 2	89 9 6	309 0 0	150 3 6
Structural Repairs ..	..	142 3 9	198 18 10	8 14 9	480 13 11	1 7 4	413 19 9	41 15 8	460 0 0	209 2 0	103 10 9	..	..	823 0 0	..
Food (Patients and Staff) ..	1753 11 6	438 10 4	289 18 6	195 15 8	1810 8 6	125 3 7	1399 11 4½	306 1 5	2327 3 1	391 2 8	298 1 7	1058 3 7	737 12 4	3719 0 0	392 12 9
Estab. and Pats. Expenses ..	602 14 7	803 7 11	1515 1 4	642 4 3	5302 7 0	558 14 11	2473 4 6½	2028 0 10	8036 11 0	1075 16 3	815 9 3	3803 10 4	..	9535 0 0	2099 18 7
£	2645 10 1	1518 8 3	2374 11 0	1037 8 11	8251 5 7	959 16 5	6481 7 0	2501 12 9	13831 14 11	1975 1 11	1394 15 1	5615 19 3	1007 19 0	16326 0 0	3099 8 2
Cost per bed ..	120 5 0	189 16 1	55 4 5	61 0 6	47 3 0	53 6 6	74 10 0	156 7 0	162 14 6	197 10 2	58 2 3	80 4 6	47 19 11	163 5 3	77 9 8
Cost per case treated, 1924-25 ..	29 14 6	48 19 7	17 11 9	54 12 1	17 3 9	119 19 7	31 9 3	41 0 3	64 6 8	48 3 5	19 12 10	30 10 5	29 12 11	34 13 3	27 18 5
.. .. year 1923-24..	38 1 6	52 3 1	28 15 8	36 8 9	32 4 6	53 2 1	90 10 6	47 2 4	39 13 2	51 13 2	27 3 5	39 6 2	114 11 10	35 7 4	60 11 2

*Includes Grant of £10 towards cost of maintenance of Motor Ambulance.

TREATMENT OF VENEREAL DISEASE, YEAR 1924.

Treatment Centre.	Patients from all Areas. Total No. treated for first time.	ESSEX PATIENTS.						Total Atten- dance of all Patients.	In- patient Days.	Doses of Arseno- Benzol Compounds.		Hostels.	
		Total Number treated for first time suffering from				Total.	Out- Patients			In- Patients	Total.		In-patient days.
		Syphilis.	Soft Chancre.	Gonorr- hoea.	Not V.D.								
London Hospitals	25,573	260	9	424	332	1025	14616	3054	—	—	1520	1990	
St. Bartholomew's, London	417	2	—	2	1	5	9	—	2	—	2	—	
Chelmsford	16	12	—	2	2	16	151	—	83	—	—	—	
Colchester	69	39	—	17	13	69	1651	49	372	—	372	—	
Ipswich	183	1	—	6	4	11	205	26	47	—	47	—	
Southend	261	4	2	18	19	43	630	11	70	—	70	—	
Total for 1924...	26,519	318	11	469	371	1169	17262	3140	574	—	2011	1990	
Total for 1923...	26,665	290	13	413	259	975 3·6 per cent.	15063	2983	—	—	2026	—	
" 1922	24,895	323	11	416	238	988 3·9 per cent.	14145	3192	—	—	2420	2260	
" 1921	26,892	394	13	426	278	1111 4·1 per cent.	14546	3197	—	—	3044	197	
" 1920	31,897	517	28	510	282	1337 4·2 per cent.	14267	3537	—	—	2993	—	
" 1919	28,983	467	22	546	234	1269 4·4 per cent.	11428	3571	—	—	2027	—	
" 1918	16,372	320	10	267	113	710 4·3 per cent.	6435	2432	—	—	1360	—	
" 1917	17,637	308	7	141	55	511 2·9 per cent.	3353	3057	—	—	839	—	

LEPROSY.

The only Home for the care of persons suffering from Leprosy in the British Isles is situated in the Administrative County of Essex.

For many years the Company of St. Giles, Ltd. (1914) have provided at Bicknacre out of voluntary funds the means of caring for these sufferers. There does not appear to be any need at the present time for public assistance in this splendid work, but if such a need should arise, there ought to be no hesitation on the part of the Government or Local Sanitary Authorities in rendering all possible assistance.

Meanwhile, every praise is due to the Company of St. Giles, Ltd., for the excellent work which they are carrying out at this Home.

VENEREAL DISEASES.

For the year 1924-25, provision was made in the estimates for the diagnosis and treatment of Venereal Disease as follows:—

				£
Hospitals and Laboratories	...	...	...	4,345
Drugs, &c.	...	...	...	100
Propaganda	...	...	...	100
Salaries (proportion)	...	...	...	80
Contingencies	...	...	...	60
				<hr/>
				£4,685
				<hr/>

By letter, dated 2nd April, 1924, the Medical Officer of Health for the London County Council stated that the total cost of the London and Home Counties' scheme for the year 1924-5 was limited to £124,050, of which the amount chargeable to Essex was estimated at £3,720, three fourths of which would rank for Government grant.

The agreements in force with the Chelmsford and Colchester Hospitals were renewed for the year 1924.

On page 13 Table V. shows the total number of Essex patients treated for the first time during the year. It will be seen that this number shows an increase of 19 over the previous year (1,169 compared with 975) but the aggregate attendances give a slightly lower rate per person as compared with the previous year.

EXAMINATION OF BACTERIOLOGICAL SPECIMENS

Particulars of the specimens examined during the year 1924 by the County Bacteriologist, Dr. J. E. Beale, at 91, Queen Victoria Street, London, E.C. (Telephone: City 7116) are given in Table VI. on page 15. The total number was 9,952 or an increase of 2,347 over the previous year.

TABLE VI.

SHewing NUMBER AND TYPE OF SPECIMENS EXAMINED BY THE COUNTY
BACTERIOLOGIST, YEAR 1924.

Sanitary Districts.	Diph- theria.	Sputa.	Typhoid.	Ring- worm.	Malaria.	Cerebro Spinal Fluid.	Miscel- laneous.	Total.
<i>Urban—</i>								
Barking ...	306	210	11	5	—	—	3	535
Braintree ...	95	75	5	3	—	—	4	182
Brentwood ..	71	51	11	9	—	—	4	146
Brightlingsea ...	4	8	—	—	—	—	2	14
Buckhurst Hill ...	3	3	—	1	—	—	—	7
Burnham-on-Crouch ...	3	5	2	—	—	—	—	10
Chelmsford B. ...	1261	132	11	5	—	1	1	1411
Chingford ...	40	39	2	1	1	—	17	100
Clacton-on-Sea ...	40	55	7	18	—	—	—	120
Colchester B. ...	39	130	17	36	—	—	1	223
Epping ...	47	34	—	4	—	—	1	86
Frinton-on-Sea ...	—	4	—	—	—	—	—	4
Grays ...	554	187	19	43	—	1	2	806
Halstead ...	51	41	15	6	—	—	2	115
Harwich B... ..	105	81	21	14	—	—	1	222
Ilford ...	38	472	10	—	—	1	8	529
Leyton ...	820	720	27	53	—	—	2	1622
Loughton ...	232	1	3	3	—	—	2	241
Maldon B....	43	49	24	4	—	—	1	121
Romford ...	282	99	23	28	—	1	4	437
Saffron Walden ...	86	37	1	—	—	—	2	126
Shoeburyness ...	22	9	—	—	—	—	—	31
Tilbury ...	25	21	—	—	—	—	—	46
Waltham Holy Cross ...	49	18	—	—	—	—	1	68
Walthamstow ...	99	919	30	1	—	—	12	1061
Walton-on-the-Naze ...	2	2	—	—	—	—	—	4
Wanstead ...	2	47	1	—	—	—	1	51
Witham ...	33	20	3	3	—	—	—	59
Wivenhoe ...	—	3	2	—	—	—	—	5
Woodford ...	84	43	4	1	—	—	4	136
Total Urban District ...	4436	3515	249	238	1	4	75	8518
<i>Rural—</i>								
Belchamp ...	5	9	—	—	—	—	—	14
Billericay ...	86	58	3	1	—	1	1	150
Braintree ...	170	30	1	—	—	8	1	202
Bumpstead... ..	1	1	—	1	—	—	—	3
Chelmsford ...	102	59	—	1	—	—	—	162
Dunmow ...	28	30	1	—	—	—	—	59

Sanitary Districts.	Diph- theria.	Sputa.	Typhoid.	Ring- worm.	Malaria.	Cerebro Spinal Fluid.	Miscel- laneous.	Total.
Epping	20	21	—	1	—	—	—	42
Halstead	133	13	6	—	—	—	—	152
Lexden and Winstree ...	20	39	2	—	—	—	—	61
Maldon	121	16	3	—	—	—	3	143
Ongar	31	9	—	5	—	—	3	48
Orsett	48	39	8	—	1	—	—	96
Rochford	39	50	3	—	—	—	2	94
Romford	39	52	3	1	—	—	8	103
Saffron Walden	9	10	—	—	—	—	—	19
Stansted	1	27	—	—	—	—	—	28
Tendring	20	24	12	2	—	—	—	58
Total Rural Districts ...	873	487	42	12	1	1	18	1434
Total Urban Districts ...	4436	3515	249	238	1	4	75	8518
Total Administrative County	5309	4002	291	250	2	5	93	9952

On 6th January, 1925, the County Council decided to extend the scope of the Laboratory facilities. Since that date the following revised list of the examination has been in operation, the additions being underlined :—

1. *Blood :*

- (i) Agglutination reaction for *Bacillus Enteritidis*, *Bacillus Typhosus*, *Cholera*, *Dysentery* (*Shiga* and *Flexner's* *Bacilli*), *Paratyphoid A* and *B*.
- (ii) Cultural Examination of Blood for organisms.
- (iii) Differential count of Blood Films.
- (iv) Examination of Blood Films for Malarial Parasites.

2. *Cerebro-Spinal Fluid :*

- (i) Chemical Analysis (Globulin Increase Test, Reduction of Fehling's Solution.
- (ii) Cultural Examination for Meningococci, Streptococci.
- (iii) Cytological Examination.
- (iv) Microscopical Examination for Meningococci, Streptococci and Tubercle Bacilli.

3. *Fæces :*

- (i) Cultural Examination for Bacillus Dysenteriae, Bacillus Typhosus, Cholera, Paratyphoid A and B.
- (ii) Microscopical Examination.
- (iii) Microscopical Examination for Amœbæ or other Intestinal Parasites, Worms, etc., Tubercle Bacilli.

4. *Food :*

- (i) IN CASES OF SUSPECTED BACTERIAL POISONING : Examination for the bacteria usually associated therewith.
- (ii) ICE CREAM : Examinations as for Milk (No. 7).
- (iii) SHELL FISH : Examination for Sewage Pollution.

5. *Gastric Contents :*

Microscopical Examination of Vomit and Detection of Blood.

6. *Hair and Skin :*

Examination for Ringworm, Favus, Tinea Versicolor.

7. **Milk :*

- (i) Cultural Examination for Bacillus Typhosus, Diphtheria Bacilli, Paratyphoid A and B.
- (ii) Examination for Manurial Contamination.
- (iii) Microscopical Examination for Blood, Streptococci, Tubercle Bacilli, etc.

8. *Pleural, Peritoneal and Ascitis Fluids :*

- (i) Cultural Examination for Bacteria.
- (ii) Cytological Examination.
- (iii) Microscopical Examination for Tubercle Bacilli and other Bacteria.

9. *Pus, etc.*

- (i) Cultural Examination for Bacteria.
- (ii) Microscopical Examination for Tubercle Bacilli and other Bacteria.

10. *Sputum :*

- (i) General Microscopical Examination.
- (ii) Microscopical Examination for Actinomycosis, Bacillus Influenzæ, Hydatid Hooklets, Pneumococci Pyogenic Bacteria, Streptothrix, Tubercle Bacilli by sedimentation method, etc.

11. *Swabs :*

- (i) Cultural Examination for Diphtheria Bacilli, Meningococci, Ophthalmia Streptococci, etc.,
- (ii) Microscopical Examination for Vincent's Angina Bacilli.

12. *Urine :*

- (i) Chemical (a) Routine Analysis (Albumen, Examination of Deposit, Reaction, Specific Gravity, Sugar).
- (b) Identification of Sugars.

(c) Qualitative Test for Acetone, Bile Pigment, Di-acid
Acid, Indican, Urobilin.

(d) Quantitative Test for Albumen, Chlorides, Phosphate,
Sugar, Urea, etc.

(ii) Cultural Examination for *Bacillus Coli*, *Bacillus Typhos*

Paratyphoid A and B.

(iii) Microscopical Examination for Tubercle Bacilli.

*Examinations under the Milk and Dairies (Amendment) Act, 1922, and the Sale of Food and Drugs Acts, 1875 to 1908, are not included.

N.B. Other bacteriological examinations, and examinations of samples of water will only be undertaken at the expense of the County Council to the special order of the County Medical Officer. Any of these special samples sent without such an order, will, however, be examined and charged to the Authority concerned.

HOUSING.

Table VII. sets out particulars of the work carried out by Local Sanitary Authorities under the Housing Acts during the year 1923. Of the 3,885 houses erected, 3,018 were built by private effort.

It will be observed that the Local Authorities found it necessary to serve notices for the remedying of defects or the carrying out of repairs in 5,150 cases, or 281 more than in the previous year.

SEWAGE WORKS AND RIVER POLLUTION.

In Table VIII. particulars are given of the various sewage works in the Administrative County, showing that 65 visits were made in 1924, and 84 samples of effluent taken. The number of unsatisfactory samples of sewage effluent obtained represented half of the number collected, and suitable communications regarding same were addressed to the appropriate Surveyors.

METEOROLOGY.

The County Meteorological Station at Chelmsford has again kindly supplied data as set out in Table IX. on page 20. Reference to the last two columns shows that the average number of rainy days per month was 15, the highest number being in the month of May, and in only one month (March) were there less than nine rainy days.

TABLE VII.

SHOWING PARTICULARS OF WORK CARRIED OUT BY LOCAL SANITARY AUTHORITIES UNDER THE HOUSING ACTS DURING THE YEAR 1923.

SANITARY DISTRICTS.	NEW HOUSES ERECTED DURING 1923.		UNFIT DWELLING HOUSES.				Houses rendered fit in consequence of informal action by Local Authority.	ACTION UNDER STATUTORY POWERS.				PROCEEDINGS UNDER PUBLIC HEALTH ACTS.			PROCEEDINGS UNDER SECTIONS 17 & 18 OF HOUSING TOWN PLANNING, ETC., ACT, 1909.					
	Total.	As part of Municipal Scheme.	Total No. inspected for Housing Defects.	No. inspected and recorded under Housing Rege. 1910.	No. found so danger- ous or injurious to health as to be unfit for human habitation.	No. found not in all respects reasonably fit for human habitation		Houses in respect of which Notices were served requiring repairs.	No. Dwelling Houses rendered fit by Owners.	Local Authority in default of Owners.	No. of Dwelling Houses Closing Orders became operative.	No. of Dwelling Houses in which defects were remedied by Owners.	Local Authority in default of Owners.	No. representa- tions made with view to making of Closing Orders.	No. of Dwelling Houses in respect of which Closing Orders were made.	No. of Houses Closing Orders determined Dwelling Houses being rendered fit.	No. of Houses Demolition Orders made.	No. of Houses demolished in pursuance of Demolition Orders.	No. of Houses demolished voluntarily.	
URBAN.																				
BARKING	137	74	3790	408	2	153	1342	105	105	...	1	343	309	...	1	1	...	...	...
BRAINTREE	14	...	39	39	...	21	17	...	...	...	...	...	...	...	...	...	...	...	...
BRENTWOOD	10	...	253	30	2	28	14	14	223	...	...	...	...	...	1	2	1	2	2
BRIGHTLINGSEA	1	...	42	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...
BUCKHURST HILL	8	...	147	86	...	16	85	4	14	...	...	...	...	...	...	...	...	...	...
BURNHAM-ON-CROUCH	18	...	...	...	...	12	6	12	8	...	...	3	3	...	...	...	...	...	...
CHELMSFORD B.	65	32	1667	95	2	47	46	...	...	...	...	...	...	...	...	...	...	...	...
CHINGFORD	92	...	207	...	...	143	97	25	23	...	...	924	859	...	...	...	...	...	...
CLACTON-ON-SEA	105	...	219	99	...	112	49	53	50	3	...	42	53	...	...	...	...	...	...
COLCHESTER B.	91	...	2227	1066	21	130	70	...	...	...	...	364	328	36	2	4	2	3	...
EPPING	8	...	65	...	3	26	29	...	...	...	...	...	...	...	...	...	...	...	...
FRINTON-ON-SEA .....	...	...	...	...	...	...	No	Particulars given.	...	...	...	...	...	...	...	...	...	...	...
GRAYS	67	26	758	...	2	...	366	...	...	...	1	366	366	...	2	1	...	...	...
HALSTEAD	7	...	370	...	...	370	234	138	100	45	...	...	...	...	...	...	...	...	...
HARWICH B.	20	...	228	71	1	...	25	18	18	...	...	64	89	...	...	...	...	...	...
ILFORD	489	239	76	10	...	42	65	19	6	...	...	465	456	...	1	1	...	...	...
LEYTON	15	...	1039	...	1	...	695	...	...	...	...	...	...	...	...	...	...	...	...
LOUGHTON	53	...	48	48	1	35	25	35	25	...	...	...	...	...	1	1	...	...	...
MALDON B.	7	...	120	14	...	13	1	13	13	...	...	...	...	...	1	...	...	...	...
ROMFORD	76	...	396	...	2	260	193	...	...	...	...	61	61	...	...	6	...	...	...
SAFFRON WALDEN B.	7	...	60	80	60	...	20	...	...	...	...	63	63	...	...	...	...	...	...
SHOEBURNESS	11	...	989	989	...	...	158	...	...	...	...	20	20	...	...	...	...	...	...
TILBURY	54	35	169	40	...	124	38	31	26	...	...	387	387	...	...	...	...	...	...
WALTHAM HOLY CROSS .....	...	...	...	...	...	...	No	Particulars given.	...	...	...	56	30	...	...	4	...	...	...
WALTHAMSTOW	96	26	9102	1214	...	829	2467	65	55	1	...	4	4	...	...	...	...	...	...
WALTON-ON-THE-NAZE	39	...	...	...	...	10	10	2	2	...	...	101	78	2	...	...	...	...	...
WANSTEAD	100	...	282	72	1	72	117	...	...	...	...	9	9	...	1	1	...	...	...
WITHAM	9	6	20	...	4	3	6	2	2	...	...	...	...	...	...	...	...	...	...
WIVENHOE .....	...	...	80	...	...	26	26	1	1	...	...	...	...	...	...	...	...	...	...
WOODFORD	73	...	1207	286	...	64	197	64	64	...	...	92	90	...	...	...	...	...	...
URBAN TOTAL...	1652	438	23590	4647	103	2536	6401	601	735	49	2	3365	3206	47	10	11	13	4	6	
RURAL.																				
BELCHAMP	3	...	214	31	7	31	41	2	2	...	...	45	41	...	...	1	...	...	...
BILLERICAY	664	...	524	283	21	162	16	14	12	...	...	123	108	1	3	...	...	...	...
BRAINTREE	46	18	155	...	10	145	125	...	...	...	...	...	...	...	...	...	...	...	...
BUMPSTEAD	1	...	30	13	...	13	13	...	13	...	...	47	47	...	...	...	...	...	1
CHELMSFORD	158	...	969	273	15	31	146	...	146	...	...	200	131	...	12	12	...	...	...
DUNMOW	32	...	35	16	1	34	32	...	...	...	...	6	6	...	...	...	...	...	...
EPPING	54	...	151	103	...	106	65	58	36	...	...	48	29	...	1	1	3	...	...
HALSTEAD	20	...	742	715	16	15	124	8	7	1	...	...	...	...	...	...	...	...	...
LEXDEN AND WINSTREE	83	...	972	302	21	272	135	25	23	...	...	41	32	...	10	10	5	2	...
MALDON	46	...	324	12	9	34	20	...	...	...	...	...	...	...	6	6	3	...	...
ONGAR	41	...	1607	1607	180	137	11	...	...	...	...	22	24	...	...	8	2	...	2
ORSETT	79	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
ROCHFORD	331	...	32	32	...	32	...	32	20	...	1	...	...	...	...	...	...	...	...
ROMFORD	617	411	705	431	3	452	90	282	256	...	...	81	64	...	...	...	...	...	...
SAFFRON WALDEN	8	...	...	...	...	...	...	...	...	...	...	88	79	...	1	1	1	...	...
STANSTED	13	...	526	112	...	62	11	...	...	...	...	...	...	...	...	...	...	...	...
TENDRING	37	...	595	363	6	417	149	...	...	...	...	62	11	...	4	1	1	...	...
RURAL TOTAL	2233	429	7581	4293	288	1943	968	421	515	1	1	763	572	1	46	40	15	3	...	
URBAN TOTAL	1652	438	23590	4647	103	2536	6401	601	735	49	2	3365	3206	47	10	11	13	4	6	
GRAND TOTAL	3885	867	31171	8940	386	4479	7369	1022	1250	50	3	4128	3778	48	56	51	28	7	4	
TOTALS FOR 1922	6591	4720	27749	7189	470	4037	7477	1159	1244	28	11	3710	3332	20	136	110	32	11	6	

TABLE VIII.

LOWING SEWAGE WORKS, NUMBER OF VISITS AND NUMBER OF SAMPLES TAKEN
DURING THE YEAR 1924.

Sewer receiving Effluent.	Sewage Works.	Sanitary District.	No. of Visits.	Samples taken.		
				No. satisfac- tory.	No. un- satisfac- tory.	Total.
Buckhurst Hill ...	Buckhurst Hill ...	Buckhurst H. U. ...	2	2	...	2
	Chigwell ...	Epping R. ...	2	2	...	2
	Chigwell Row ...	Epping R. ...	3	3	1	4
	Loughton ...	Loughton U. ...	2	2	4	6
	Ongar ...	Ongar R. ...	2	...	1	1
	Wanstead ...	Wanstead U. ...	3	5	...	5
	Woodford ...	Woodford U. ...	2	2	...	2
	North Weald ...	Ongar R. ...	2	1	1	2
	Thornwood ...	Epping R. ...	3	...	3	3
	Abridge... ...	Ongar R. ...	1	1	..	1
	Theydon Bois ...	Epping R. ...	1	...	1	1
Hornchurch ...	Hornchurch ...	Romford R. ...	2	2	...	2
	Romford ...	Romford U. ...	1	3	1	4
Brook Street, South Weald ...	Brook Street, South Weald ...	Billericay R. ...	3	3	2	5
	Upminster ...	Romford R. ...	2	3	...	3
	Brentwood ...	Brentwood U. ..	3	1	2	3
	Harold Wood ...	Romford R. ...	2	3	1	4
	Great Warley ...	Romford R. ...	3	...	3	3
Bury Farm, Great Warley ...	Bury Farm, Great Warley ...	Romford R. ...	1	1	...	1
Wickford ...	Wickford ...	Billericay R. ...	1	...	2	2
Billericay ...	Billericay ...	Billericay R. ...	2	...	2	2
	Writtle ...	Chelmsford R. ...	3	1	3	4
	Shenfield ...	Billericay R. ...	2	2	..	2
Chelmsford ...	Chelmsford ...	Chelmsford B. ...	4	2	4	6
	Dunmow ...	Dunmow R. ...	3	2	1	3
	Felstead ...	Dunmow R. ...	2	1	1	2
Braintree ...	Braintree ...	Braintree U. ...	4	...	5	5
	Bocking ...	Braintree R. ..	2	...	2	2
Halstead ...	Halstead ...	Halstead U. ...	1	...	1	1
Tilbury ...	Tilbury ...	...	1	...	1	1
			65	42	42	84

TABLE IX.

OBSERVATIONS FROM THE COUNTY METEOROLOGICAL STATION AT CHELMSFORD.

1924.	Dry bulb readings.	Wet bulb readings.	Maximum readings.	Minimum readings.	Absolute maximum.	Date of absolute maximum.	Absolute minimum.	Date of absolute minimum.	Number of rainy days.	Rainfall in inches.
January ..	40·09	39·1	44·6	34·2	52	12th	23	5th	17	2·6
February ...	36·2	35·0	41·0	31·02	49	2nd & 6th	22	15th	9	6
March ...	39·6	36·9	47·4	30·5	56	22nd, 23rd	20	10th	6	·7
& 25th										
April ...	46·7	43·7	54·5	36·9	71	21st	26	10th	16	3·1
May ...	56·3	53·3	63·5	45·1	76	14th	36	5th	21	4·4
June ...	60·9	57·0	67·7	49·3	79	25th & 26th	38	15th	12	1·3
July ...	63·7	60·0	71·3	49·8	85	12th	40	1st	13	3·4
August ...	51·3	58·3	67·8	49·0	76	11th	41	8th & 20th	18	2·0
September ...	59·0	56·7	64·7	49·9	70	7th & 8th	35	28th	19	2·4
October ...	52·0	50·6	57·8	44·0	68	13th	29	24th	15	3·5
November ...	45·2	43·9	50·3	38·5	57	10th	24	5th & 8th	13	3·3
December ...	43·3	42·2	47·9	37·7	55	4th & 5th	26	24th & 25th	16	2·9
<i>Totals—</i>										
Year 1924 ..	—	—	—	—	—	—	—	—	175	30·2
„ 1923 ...	—	—	—	—	—	—	—	—	176	23·7
„ 1922 ...	—	—	—	—	—	—	—	—	178	24·8
„ 1921 ...	—	—	—	—	—	—	—	—	109	11·9
„ 1920 ...	—	—	—	—	—	—	—	—	143	38·6
„ 1919 ...	—	—	—	—	—	—	—	—	149	24·2

WATER SUPPLIES.

As intimated in last year's Annual Report, the County Council authorised the sum of not exceeding £250 in obtaining such expert assistance as may be necessary for the preparation and submission of a report on the position of the water supplies in the County.

Mr. J. Mackworth Wood, A.M.I.C.E., was engaged, and in the early part of 1919 he carried out a detailed survey of the various sources of supplies in the County, which he was given every possible assistance by the Public Health Department. It is understood that Mr. Wood's report has been presented and is now awaiting consideration by the Parliamentary Committee.

MENTAL DEFICIENCY ACT, 1913.

The County Education Committee and the County Committee for the Care of the Mentally Defective have again had the services of Dr. T. P. Puddicombe, Chief Assistant County Medical Officer, in examining and reporting on all cases of suspected mental deficiency. Dr. Puddicombe has also examined and given advice on any case of suspected mental defect referred to him, through the County Council, by the Justices.

The work of ascertainment and certification has continued throughout the year, although the orders of the Board of Control restricting the number of cases sent to Institutions are still in force.

185 cases were investigated and reported upon to the Committee for the Care of the Mentally Defective, being classed as follows :—

			Males.	Females.	Totals.
Feeble-minded	...	...	43	39	82
Imbeciles (Mongols 15)		...	34	37	71
Idiots	...	...	12	7	19
Dementia Præcox	...	...	1	—	1
Not classified under the Act	...		4	8	12
			<hr/>	<hr/>	<hr/>
Totals	...	...	94	91	185
			<hr/>	<hr/>	<hr/>

During the year 1924, 66 patients (45 males, 21 females) were placed in Institutions, bringing the total number of Essex cases provided for by the Committee in Institutions to 350 (178 males and 172 females). Three (1 male and 2 females) were placed under guardianship, making the number thus dealt with 9 (1 male and 8 females).

56 cases (29 males and 27 females) were placed under Statutory Supervision during the year, bringing the number thus dealt with to 365 (190 males and 175 females).

The Essex Voluntary Association for Mental Welfare have continued to render valuable assistance in connection with cases needing supervision.

SALE OF FOOD AND DRUGS ACTS.

As in previous years, the supervision of the duties under these Acts was not undertaken by the County Medical Officer. Dr. Bernard J. Dyer, the County Analyst, receives samples direct from the Food and Drugs Inspectors, and he has kindly furnished the following particulars of the work done during the period 1st December, 1923, to 30th November, 1924. Included in the Table set out below are samples which have been submitted by the County Inspectors and Local Sanitary Authorities. Other Local Sanitary Authorities should avail themselves of the powers given in Section 13 of the Sale of Food and Drugs Act, 1875, under which they may

authorise the Medical Officer of Health or Sanitary Inspector to purchase sample at the cost of the Local Sanitary Authority, and submit same for examination to the County Analyst. Much good work could undoubtedly be accomplished by an extension of this supplementary inspectorial service.

During the year the services of the Food and Drugs Inspectors were again requisitioned in connection with obtaining samples from milk vendors who supply County Sanatoria and also certain tuberculosis patients to whom extra nourishment had been granted by the County Council. By this means the County Medical Officer satisfied himself that the milk supplied was genuine.

ANNUAL SUMMARY.

December 1st, 1923—November 29th, 1924.

	Samples Analysed.	Samples Unsatisfactory.	Percentage Adulteration
Northern District of the County ...	701	21	4.4
Southern District of the County ..	760	39	5.1
Metropolitan District of the County	1358	22	1.6
Chingford Urban District Council	9	—	
Walthamstow Urban District Council	86	10	7.0
Wanstead Urban District Council	48	—	
	2962	102	3.4

	Samples Analysed.	Samples Unsatisfactory.
Arrowroot ..	2	—
Baking Powder	46	—
Bisto	1	—
Bread	17	—
Bun Flour	2	—
Butter	667	5
Cake Flour	1	—
Cake Mixture...	2	—
Cheese	15	—
Chocolate Mould Powder	1	—
Cocoa	24	—
Cocoa Mixture	1	—
Coffee	11	—
Condensed Milk	116	4
Cooking Oil	1	—
Cornflour	3	—
Cream	25	2
Cream, Preserved	15	—
Cream Cheese	1	1
Cream Custard	2	—
Custard Powder	7	—
Desiccated Coconut	1	—
Dried Milk	8	—
Dripping	2	—
Egg Powder Substitute	17	—
Epsom Salts	43	—
Glaxo (Modified Dried Milk)	1	1
Ground Almonds	2	—
Ground Rice	2	—
Horse Radish Sauce	1	—
Infants' Food	1	—
Jam	7	—
Lard	275	1
Lemonade Powder	1	—
Carried forward	1321	14

Brought forward	Samples Analysed. 1321	Samples Unsatisfactory. 14
Malted Milk ..	2	—
Margarine	220	—
Milk	1152	85
Milk Food ..	1	—
Mustard	7	—
Mustard Compound	1	—
Pepper ..	61	—
Raspberry Powder	1	—
Salmon and Shrimp Paste ..	4	—
Sausages	4	—
Seed Tapioca	1	—
Self-raising Flour	26	—
Semolina ..	2	—
Shredded Suet	3	—
Sponge Cake	24	1
Sponge Mixture ..	1	—
Sugar	63	—
Sugar and Water	1	—
Sugar of Milk... ..	1	—
Tapioca	5	—
Tea	2	—
Tinned Tomatoes	1	—
Vinegar	58	2
	<hr/> 2962	<hr/> 102

PARTICULARS RELATING TO SAMPLES REPORTED ON DURING THE WHOLE YEAR AS ADULTERATED OR UNSATISFACTORY.

Butter.

One sample purchased as butter consisted of margarine only. Two samples contained 20 per cent. of margarine. One sample contained 50 per cent. of margarine. One sample contained an excess of boracic preservative.

Condensed Milk.

Two samples taken "informally" in the early part of the year showed a deficiency in milk fat compared with the requirements of the regulations, but there was reason to believe that these were packed prior to the regulations coming into force. Two other samples which were of satisfactory quality were not properly labelled in accordance with the regulations, the old labels having been used before the regulations came into force.

Cream.

Two samples of cream purchased as such contained small quantities of boracic preservative, the presence of which was not declared.

Cream Cheese.

The sample, purchased as "cream cheese," consisted not of real cream cheese but of soft cheese made from skimmed milk.

Glaxo (Modified Dried Milk).

This sample complied with the regulations in composition, but was irregularly labelled—having been presumably labelled before the present regulations had come into effect.

Lard.

One sample of lard contained nearly three per cent. of water.

Milk.

Thirty-five samples contained added water in proportions varying from 2 to 34 per cent., while forty-eight samples were deficient in milk fat in quantities varying from 5 to 80 per cent. of the minimum quantity of fat proper to genuine milk. Two samples of milk, otherwise of satisfactory quality, afforded evidence of the presence of a little colouring matter.

Sponge Cake.

One sample contained a small quantity of boracic preservative.

Vinegar.

Two samples were deficient in strength to the extent respectively of 8 and 12½ per cent. of the minimum quantity of acetic acid proper to genuine vinegar.

MOSQUITOES.

Early in the year complaints were received regarding the prevalence of mosquitoes along the East Coast. With a view to securing combined action, a conference of the Local Authorities was held on 25th November, 1924, at which Colonel S. P. James, of the Ministry of Health, and representatives from the following Authorities were present:—

Essex County Council.
Frinton Urban District.
Walton-on-Naze Urban District.
Tendring Rural District.

Colonel James, on behalf of the Ministry of Health, pointed out that the Government could not find funds for providing the machinery to combat the nuisance, but the Ministry were prepared to give advice and assistance by means of their Medical Officers and Laboratories. He mentioned that similar assistance had been rendered at Hayling Island where they had been successful in overcoming the nuisance. In his opinion, the first work to undertake was really an engineering one, namely, to get rid of the stagnant water in the excavations behind the sea wall.

A further visit to Frinton was made by Colonel James on 12th December, 1924, when he came to the conclusion that the three chief problems were:—

- (1) The ditches or dykes on and surrounding the golf course.
- (2) The large excavations on the land side of the sea wall.
- (3) The extensive marshy grass land at Walton.

Colonel James recommended that an expert drainage engineer should be called in to prepare a scheme for dealing satisfactorily with the existing superfluous water.

Unfortunately, it was not possible to secure a comprehensive campaign by united action on the part of the three Local Sanitary Authorities concerned, but according to the Annual Report for 1924, of the Medical Officer of Health (Dr. E. Craigie Bell), the Frinton Urban Council took the following steps :—

“Various schemes were discussed by your Council and it was decided to get permission to fill up the pond near the Cricket Ground with material to be obtained from the debris from Oxford and Eaton Roads, and treat the ditches running through their district.

“It had been stated that mosquitoes would not breed in sea water ; it was therefore decided to see if the ponds containing brackish water that extended some $1\frac{1}{4}$ miles along the sea wall could not be pumped dry, and then water from the sea pumped in to take its place. It was also hoped that a number of small sea animals, who are known to devour the mosquito eggs and larvæ, would be pumped in with this.

“The only permanent cure was known to be the filling up of these ponds, some of which are several feet deep, and the spraying was an attempt to improve matters whilst the latter was being done.

“The filling up is a big job. The Surveyor estimated that to fill up the ponds to a depth of only one foot would take at least 125,000 yards of material and, even if possible, would take years to accomplish.

“A pump was hired and one of the ponds easily pumped dry, but it had re-filled to the extent of 11 inches in 24 hours with brackish water that had apparently percolated into it from the surrounding ponds and marshes.

“The matter is so serious a one for the wellbeing of Frinton as a health resort that other measures will have to be thought out and experimented with and will, I think, eventually prove successful.”

The following further report in a letter, dated 14th September, 1925, from Dr. Craigie Bell, is of interest :—

“I think the mosquito season is now over and you may be pleased to hear our experience.

“As I wrote you we tried drainage, but the Council thought this expense would be too great. The Surveyor and myself then considered

local poisoning of the ponds under the sea wall from which *Ochlerotatus detritus* arrived, and decided that as the water was salt and therefore animals were unlikely to drink therefrom we would try Lowe's disinfectant and corrosive sublimate in alternate ponds, as even if dogs or cattle did occasionally drink, the dose would be a medicinal one and help rather than poison them.

"About the second week in May we had a few mosquitoes. On enquiry I found that some of the ponds farthest away from Frinton had not been treated. This was done, and from that time mosquitoes have been a rarity in the town.

"In the twenty-five years that I have been in Frinton I can safely say I have never seen so few mosquitoes. I have only treated four people for bites and those very harmless, and the chemist tells me he has sold very few bottles of mosquito lotion.

"This effect may have been caused by the dry season. . . . The ponds have never dried up but always had some feet of water in them, the weather was warm and suitable for breeding. Frequent examinations have been made for larvæ but *none* have been found. The only mosquitoes I have seen have been the *Culex pipiens* and one or two *Theobaldia annulata*.

"I shall, next year, again try Hydray Perchlorid, and I think that so far as the detritus is concerned we shall get the same result."

Frinton are fortunate in possessing such active officers as their Medical Officer of Health and Sanitary Inspector, to whom great credit is due for the success achieved during the past summer. It is hoped that the neighbouring Authorities will make similar endeavours.

OFFENSIVE SMELLS.

SHELL HAVEN AND THAMES HAVEN. In the Annual Report for 1923, full details were given as to the action taken in respect to this nuisance. It is satisfactory to report that no further complaints were received during the year 1924.

ORSETT RURAL DISTRICT. Towards the end of the year complaints were received of a nuisance caused by a tar boiling works at Purfleet. On 17th November, 1924, Councillors E. N. Buxton and F. D. Smith, and the County Medical Officer visited the district at the request of the Local Medical Officer of Health, and found that the smell complained of was given off during the process of boiling tar in the manufacture of "Liquiphalt." Further investigations proved that the complaints were justified, many of the residents in the vicinity having suffered from nauseating sickness. The Rural Council have decided to institute legal proceedings as the attempts to secure an abatement of the nuisance by friendly co-operation have failed.

This is another instance of the rapid industrialisation of the northern bank of the Thames, proving the need for a definite town planning scheme for the whole area. Attention was drawn to this in the last Annual Report, and it is pleasing to

note that the Essex Joint Town Planning Committee appointed in October, 1922, have enlisted the co-operation of the Surveyors of the various Councils in the preparation of such a scheme.

ANTI-RABIC TREATMENT.

By Circular 523, dated 30th October, 1924, the Ministry of Health cancelled the arrangements made in 1919, whereby a person who had been bitten by a dog suspected of being rabid could receive treatment free of charge at the Department of Pathology, St. Thomas' Hospital, Westminster Bridge.

Arrangements for Anti-Rabic Treatment may be made with Professor Dudgeon, Department of Pathology, St. Thomas' Hospital, Westminster Bridge. In cases where the Medical Officer of Health is satisfied that the patient cannot pay for the treatment or stay in London at his own expense, the Local Authority may undertake financial responsibility.

"GRADE A" MILK.

The arrangements outlined in the last Annual Report for providing licences to produce and sell "Grade A" Milk were continued. In view of the increasing number of applications for licences to supply this quality of milk, it is deemed advisable to give below the Statutory and Non-statutory Conditions which apply thereto:—

Statutory Conditions.

CONDITIONS SUBJECT TO WHICH LICENCES FOR SELLING MILK AS "GRADE A" MAY BE GRANTED :

A.—The following conditions apply to producers only:—

(1) No animal which to the knowledge of the owner of the herd has at any time been tested with tuberculin and has re-acted to the test shall form part of or be added to the herd.

(2) The producer shall cause every milch cow belonging to the herd to be examined once in every three months and shall produce to the licensing authority the veterinary surgeon's certificate within seven days after the date of the certificate.

(3) Where any animal is certified as showing evidence of any disease which is likely to affect the milk injuriously, it shall be isolated or removed from the herd, as the case may require. The milk from an animal so isolated shall not be sold as milk from the herd. The producer shall inform the licensing authority of the reasons for the isolation or removal of an animal and, in the case of removal, of the manner in which it has been disposed of.

(4) If at any time it is shewn to the satisfaction of the licensing authority that tubercle bacillus is contained in the milk the producer shall take all necessary steps to ascertain which animals are diseased and to remove them from the herd, and shall inform the licensing authority how such animals have been disposed of.

(5) A suitable system shall be adopted for the marking for the purposes of identification of the milch cows belonging to the herd, and a complete register of such cows shall be kept.

(6) The cows in milk belonging to the herd shall be kept separate from all other cows in milk.

(7) Except where the milk is bottled by the producer in accordance with the procedure for bottling hereinafter specified, the milk shall be consigned from the dairy where it is produced in an unventilated sealed container, which shall be labelled or marked in a suitable manner with the address of the dairy, the day of production (with the word "morning" or "evening" according to the time of milking) and the words "Grade A Milk."

B.—The following conditions apply to persons other than producers :—

(1) Except where the milk is delivered to the consumer in the containers in which it is received, the seals being unbroken, it shall be delivered either in bottles or in other suitable containers of not less capacity than two gallons.

(2) Every bottle containing the milk shall be closed with a suitable tightly fitting disc and covered with a suitable outer cap overlapping the lip of the bottle and so fastened as to form a complete seal. The cap shall bear the name of the dealer by whom the milk was bottled and the address of the licensed bottling establishment, the words "Grade A Milk" and the day of production, and shall, except with the consent of the licensing authority, bear no other words. Where containers other than bottles are used every container shall be closed with a tightly fitting cover and shall be suitably sealed and labelled.

C.—The following conditions apply to all holders of licences to sell milk as "Grade A" :—

(1) The milk shall not at any stage be treated by heat unless a licence to sell such milk as "Pasteurised" has been granted under this Order, and where such a licence has been granted the term "Pasteurised" shall be added after the designation "Grade A Milk" wherever such designation is used in connection with the sale of such milk or the labelling or marking of receptacles containing such milk.

(2) Milk sold as "Grade A Milk" shall be produced and treated under such conditions that on a sample being taken at any time before delivery to the consumer the milk shall be found to contain—

- (a) Not more than 200,000 bacteria per cubic centimetre, and
- (b) No coliform bacillus in one-hundredth of a cubic centimetre.

(3) Milk sold as "Grade A Milk Pasteurised" shall be produced and treated under such conditions that on a sample being taken before delivery to the consumer the milk shall be found to contain in the case of a sample taken at any time after the year 1923 not more than 30,000 bacteria per cubic centimetre, and no coliform bacillus in one-tenth of a cubic centimetre.

County Council's Conditions (not statutory). These are not compulsory, but experience confirms the view that they are needful :

(1) Cowsheds and dairy must be sanitary, clean, well lighted and ventilated, and have water laid on or easily accessible. Floors should be of impervious material and swilled down prior to each milking.

(2) Surroundings of cowsheds must be kept as clean as possible and all manure stored at a good distance from the cowsheds and dairy.

(3) Dust must not be created immediately prior to and during milking times.

(4) Milking stool must be kept clean ; the type with a handle projecting from seat is preferable.

(5) Milkers must be clean in habits, wear clean linen overalls and cap, and wash their hands before milking each cow, for which purpose a properly trapped wash-basin with water supply, soap, nail brush and roller towel should be provided in a conspicuous position.

(6) Cows must be healthy, carefully groomed, and all udders and teats washed and wiped with clean, damp cloths before each milking. Such cloths must be washed and sterilised after each milking. Tails and udders should be clipped when necessary.

(7) Milk pails must be of the semi-covered type. Special pails can be obtained for cows with low udders.

(8) First stream of milk from each teat should be rejected, and the practice of dry-handed milking should be adopted.

(9) Milk should be conveyed to dairy as promptly as possible in semi-covered or covered pails and then strained with cotton wool discs and cooled to 50°F. or as low a temperature as possible, and kept cool in closed vessels during storage and transit.

(10) Milk utensils, including cooler, must be rinsed with cold water immediately after use, then thoroughly washed with hot water and soda, rinsed in clean water and sterilised by steam.

(11) Water supply must be pure and wholesome.

At the end of 1924 eleven farms had been licensed as against nine for last year. These farms have been revisited at intervals throughout the year, and the following table summarises the results of the examination of the samples taken. It will be seen that in only one instance (No. 11) did a sample fall below the standard, and at a subsequent visit to this farm in 1925 the next sample was satisfactory :—

No. of Farm.		Date of Inspection.		Water Supply.		MILK SAMPLES.	
						No. of bacteria per c.c.	Bacillus coli present in c.c.
1	...	22/1/24	...	Mains	...	5,780	... 1
		26/6/24					
2	..	30/6/24	...	Mains	...	480	... 1
3	...	30/6/24	...	Spring	..	4,720	.. 1
4	...	25/2/24	...	Spring	...	11,140	... 1
		26/6/24	...		...	60,000	... 1
		20/10/24	...		...	110,000	... 1
5	...	19/6/24	..	Mains	...	20,720	... $\frac{1}{10}$
		4/7/24					
6	...	13/2/24	...	Mains	...	12,400	... Not in 1
		20/3/24					
7	...	19/3/24	...	Well	...	22,000	... 1
		21/6/24					
		23/6/24					
		11/8/24					
		23/8/24					
8	...	19/6/24	...	Mains	...	42,000	... 1
		4/7/24					
9	...	25/2/24	...	Well	...	10,720	... 1
		16/7/24	..		...	5,920	... 1
		20/10/24	...		...	6,990	... 1
10	...	21/1/24	..	Mains	...	6,100	... 1
		18/6/24					
11	...	8/2/24	...	Well	...	3,640	... $2\frac{1}{2}$
		2/7/24	...		...	2,540	... Not in 1
		5/11/24	...		...	1,020	... $\frac{1}{100}$

Application for licences from 13 other farms received attention and there were three applications pending from the previous year. All these did not reach the required standard before the end of the year. From the following table it will be seen that the unsatisfactory samples came from farms No. 1, 3, 4, 5, 11, where the buildings or methods were below standard :—

MILK SAMPLES.

No. of Farm.	Date of Inspection.	Water Supply.	No. of bacteria per c.c.	Bacillus Coli present in c.c.		Requirements.
1924.						
1 ...	3rd December	.. Mains	... 21,500 ... (subsequent samples proved satisfactory)	1/1000th	...	Cows to be groomed daily. Lighting of cowsheds to be improved. Local Authority's bye-laws con- formed to. Milkers methods to be improved
2 ..	31st March 3rd May	.. Mains	.. 51,600 ...	1 c.c.	...	Better drainage facilities re- quired and minor improve- ments.
3 ...	13th Oct.	.. Mains	... 2,800,000...	1/100th	...	Buildings well designed but methods of production re- quired thoroughly revising.
4 ...	2nd Oct.	.. Mains	... 5,300,000...	1/1000th	.	Local Authority's bye-laws regarding cubic capacity per cow to be complied with and milkers to wear the overalls supplied.
5 ...	27th Oct.	... Mains	... 228,000 ...	1/1000th	..	Cows to be groomed daily. Lighting and ventilation of cowsheds to be improved and water supply laid on.
6 ..	4th Dec.	... Shallow well	... 9,160 ...	1 c.c.	...	Milkers methods to be improved. Cows to be groomed daily and better methods adopted.
7 ...	9th Dec.	... Mains	... No sample available ...			„ „
8 ...	29th August	.. Well	... „ ...	„	...	Better methods to be adopted and drainage system improved.
9 ..	6th Oct.	... Well	... 29,300 ..	1/10	...	Drainage system to be improved and a pure water supply provided.
10 ...	24th Nov.	.. Mains	... 15,400 ...	1 c.c.	...	Cows to be groomed daily and better methods adopted.
11 ...	12th Nov.	.. Spring	... 27,300 ...	1/1000	...	Improvements required and water supply protected.
12 ...	3rd Dec.	.. Mains	... 1,730 ...	Not in 1 c.c.	...	Satisfactory. Licence granted 1925
13 ...	8th Dec.	.. Spring	... 2,080 ...	1 c.c.	..	Minor improvements required.

The County Sanitary Inspector reports :—

“The outstanding feature of the year was an increasing number of applications for licences to produce “Grade A” Milk as well as a growing demand for my services for advice upon reconstruction of buildings, methods of production, &c.

"Essex may congratulate itself upon possessing a progressive body of farmers who are realising that to produce other than clean milk is a relic of the past. During the last few years the whole outlook has changed, very largely as the result of the training received by farmers and their sons from the splendid courses of lectures provided at the East Anglian Institute of Agriculture. At one farm, in particular, the return of the farmer's son from the Course at the Institute revolutionised the whole system of milk production, and what is more important maintained a low bacteria count."

"When requested, the bacteriologists at the Institute have undertaken special investigations at the farms, and in this way have been of great assistance to those farmers who had difficulty in obtaining a bacteria count of the "Grade A" standard."

"All these are steps in the right direction, namely, aiming at the perfecting of methods of production at the farms. Having procured a pure, clean milk, it will be for the conveyer, retailer and housewife to protect it from the dangers of pollution which exist between the source and the consumer."

COMBINED MEDICAL SERVICE.

The Scheme of Combined Medical Service as shown in the table included in the Annual Report for the year 1922 has been continued during 1924.

The Scheme may now be considered as having passed out of the experimental stage into a permanent arm of the public health service. The Ministry of Health have been of considerable assistance in recent months in advising Local Sanitary Authorities where vacancies had occurred to consider the question of appointing as their Medical Officer of Health a medical man with other public appointments such as Assistant Medical Officer to the County Council whose services might be secured by an arrangement with the County Council.

At the time of writing the Combined Medical Service Scheme is in operation in the districts shown in Table X. on page 33.

Sanitary District.	Population, 1921.	Acreage.	Date Scheme commenced.	Name of Officer.	Duties.†
Lexden and Winstree R. Wivenhoe U.	19475 2330	69485 1564	1st April, 1920	W. H. Alderton*	M.O.H. and Assist. C.M.O. Assistant C.M.O. only
Clacton-on-Sea U. Brightlingsea U. Walton-on-Naze U. Frinton-on-Sea U.	17049 4495 3666 3037	71049 4069 2867 2046 422	1st June, 1920	W. A. Milne	M.O.H. and Assist. C.M.O. Assist. C.M.O. only " " " "
Tendring R. Harwich Borough	21720 13036	9404 73131 1541	11th Sept., 1920	J. Ramsbottom	M.O.H. and Assist. C.M.O. Assist. C.M.O. only (T.O.)
Grays U. Tilbury U. Orsett R.	17364 9382 22904	1359 1855 38084	1st August, 1922	W. B. Wood	M.O.H. and Assist. C.M.O. " " Assist. C.M.O. only
Chelmsford Borough Chelmsford R.D.	20761 24618	41298 3112 83045	1st Jan., 1923	R. H. Vercoe	M.O.H. S.M.I. only
Saffron Walden Borough Saffron Walden R. Stansted R.	5876 10091 6830	86157 7502 59975 22954	1st Jan., 1923	S. R. Richardson	M.O.H. and Assist. C.M.O. Assist. C.M.O. only
Halstead U. Halstead R. Belchamp R. Bumpstead R.	5916 9739 4219 2376	90431 647 38712 26500 11874	1st Sept., 1923	J. S. Ranson	M.O.H. and Assist. C.M.O. " " " " Assist. C.M.O. only
Braintree U. Braintree R. Dunmow R. Witham U.	6980 18777 15356 3719	77733 2224 62348 73503 3713	1st Oct., 1923	P. J. Gaffkin	M.O.H. and Assist. C.M.O. " " " " Assist. C.M.O. only
Barking U.	44332 35523	141788 3805	1st April, 1920	K. Simpson	M.O.H. and Assist. C.M.O.
Colchester Borough	43393	11333	13th July, 1921	W. F. Corfield	M.O.H. and T.O.
Shoeburyness U. Rochford R. Billericay R. Brentwood U.	6413 22863 24211 6853	1036 55003 49394 460	1st Feb., 1925	N. S. R. Lorraine	M.O.H. and Assist. C.M.O. Assist. C.M.O.
Chingford U. Leyton U. Walthamstow U.	9482 128430 129395	2808 2594 4343	19th Oct., 1925	M. Barker	M.O.H. and Assist. C.M.O. Assist. C.M.O. only " "
	267,307	9745			

* Dr. Alderton also acts as Assist. C.M.O. in Maldon Union and is paid an additional amount of £50. per annum for this work.

+ M.O.H. : Local Medical Officer of Health. Assist. C.M.O. : Assistant County Medical Officer. T.O. : Tuberculosis Officer. S.M.I. : School Medical Inspector.

PART II.

TUBERCULOSIS.

Notifications.

A summary of the notifications made in the Administrative County of Essex during the period 30th December, 1923, to 3rd January, 1925, is given below :—

TABLE XI.

Age Periods.	Notifications on Form A.												Total Notifica- tions on Form A.
	Primary Notifications.											Total Primary Notifications	
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards		
Pulmonary, Males ...	2	7	23	22	60	70	137	106	70	36	9	542	592
„ Females ...	3	14	38	43	72	90	143	77	52	17	9	558	605
Non-Pulmonary, Males ...	9	35	38	22	15	11	12	2	6	4	2	156	161
„ Females ...	6	31	29	18	17	7	19	5	9	5	2	148	153
Totals, 1924 ...	20	87	128	105	164	178	311	190	137	62	22	1404	1511
„ 1923 ...	13	64	116	100	170	219	320	215	155	66	20	1458	1554
„ 1922 ...	7	44	59	72	148	140	184	169	110	54	22	1009	1073

Age Periods.	Notifications on Form B.					Notifications on Form C.	
	Primary Notifications.				Total Notifica- tions on Form B.	Poor Law Institutions.	Sanatoria.
	Under 5	5 to 10	10 to 15	Total Primary Notifications			
Pulmonary, Males ...	1	1	1	3	6	20	305
„ Females ...	1	1	2	4	6	23	233
Non-Pulmonary, Males ...	1	6	1	8	8	4	55
„ Females ...	—	1	1	2	2	2	43
Total, 1924 ...	3	9	5	17	22	49	636
„ 1923 ...	—	19	2	21	21	67	598
„ 1922 ...	2	8	15	25	25	31	473

TOTALS.

	1924.	1923.
Form A. (Medical Practitioners) ...	1,511	1,554
„ B. (School Medical Inspectors) ...	22	21
„ C. (Poor Law) ...	49	67
„ „ (Sanatoria) ...	636	598
	<u>2,218</u>	<u>2,240</u>

The total notifications as compared to primary notifications for the past ten years are as follows :—

Year.	No. of Notifications.	No. of Primary Notifications.
1915	2,200	1,821
1916	2,121	1,803
1917	2,268	?
1918	1,992	?
1919	1,951	1,440
1920	1,473	1,097
1921	1,698	1,281
1922	1,602	1,073
1923	2,240	1,458
1924	2,218	1,421

TABLE XII.

SHOWING SUPPLEMENTAL RETURN IN REGARD TO CASES NOT NOTIFIED UNDER THE PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS.

Age periods.	0 to 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 and upwards.	Total cases. 1924.	Total cases. 1923.
Pulmonary, Males	1	2	15	11	8	17	38	32	18	14	5	161	50
„ Females	1	3	10	15	9	27	29	25	12	9	6	146	51
Non-pulmonary, Males	3	11	7	9	4	1	3	1	2	3	—	44	19
„ Females	2	11	7	8	2	3	3	2	2	1	—	41	14

On the 24th January, 1925, the Ministry of Health asked for the usual annual return of the above notifications, and also for a supplemental return showing new cases of Tuberculosis coming to the knowledge of the County Medical Officer during the period from the 30th December, 1923, to 3rd January, 1925, otherwise than by notification on Form A or B under the Public Health (Tuberculosis) Regulations, 1912. This special return is repeated in Table XII, the last column of which shows the figures for the previous year. It will be observed that the numbers for 1924 are greatly in excess of the figures for 1923. Much of this increase is due to the perfecting of the administrative machinery, but on the other hand it does appear that in some parts of the County there is an increase in the tendency of non-notifications. Reasons for this are well known, *e.g.*, some patients specially ask doctors not to notify, as they are afraid of the consequences in regard to employment, lodging, &c., whilst others refrain from calling in medical advice until the last moment.

In this connection the following views of the District Tuberculosis Officers are of interest :—

Dr. W. F. Corfield (Colchester).

"Many cases are not notified as early as I should like, but not many notifications are received after death. It is probable that many cases delay going to see their doctor until the disease is past the early stage."

Dr. S. R. Richardson (Saffron Walden).

"It seems to me that there has been a marked improvement in the early discovery and notification of tuberculous patients. Local medical men send many doubtful cases to the Dispensary, or ask for consultations. No notifications have been received after death, and cases discovered in an advanced stage have almost invariably been imported from other parts of the country."

Dr. J. Ramsbottom (Tendring).

"There does not appear to have been any undue delay in notifying this year, and there has been an appreciable improvement during the past three years."

Dr. J. Ranson (Halstead).

"I have during the year received notifications promptly from practitioners in my district. In only one case did I have to request a case to be notified whose sputum had been found to be positive at the County Laboratory. I am unaware of any case that remains unnotified."

Dr. W. B. Wood (Grays).

"Most cases are being notified at an early stage of the disease, and most of the doctors of the district make a habit of referring to me any cases about which they have any doubt. When cases are notified at a late stage of the disease, it is generally because the patient has been deliberately concealing his complaint. One case occurs to my mind in which notification had apparently been neglected."

Dr. W. A. Milne (Clacton).

"Speaking generally, it is the exception to get Tuberculosis notified in an early stage. There are several reasons for this, perhaps the most important being that a great many of the cases are imported from other districts and have already been under treatment elsewhere. There is also the case that does not consult a doctor until physical signs are pronounced, and occasionally one comes across one which has been missed; but it is some time now since I have had a notification after death. Another reason frequently given is that there was an impression that a particular case had already been notified—presumably by another practitioner."

"Taking everything into consideration, I think there has been an improvement in recent years, and with a view to still further efficiency, I have recently sent a circular letter to practitioners reminding them of

“their obligations under the Regulations, and containing an extract from paragraph 5 of the Ministry of Health’s Circular 549. The receipt by the Tuberculosis Officer of the result of sputum examinations is also a great help.”

Dr. W. H. Alderton (Lexden & Winstree).

“On enquiry it is usually found that a tuberculosis case which has died has only recently come under treatment of the practitioner concerned, and he has taken it for granted, usually on account of the duration of the case, that notification has taken place elsewhere. If other districts made the practice of Essex and reported cases transferred to other districts, it is probable that a fair percentage of cases now labelled unnotified would be eliminated. . . . It is probable that a circular letter to practitioners, asking them to notify all cases coming under their care for the first time, would also reduce the number labelled unnotified.”

Dr. G. N. Meachen (Rochford).

“Medical practitioners in my area are fully alive to the necessity for early diagnosis in tuberculous cases and are not slow to take advantage of the consultative facilities provided at the dispensary or in patients’ own homes. There does not appear to be any delay as regards notification.”

Dr. A. H. Jacob (Romford).

“It is quite exceptional, in my experience, to receive notification of Pulmonary Tuberculosis at such a time as to enable the utmost benefit to be derived by the patient from treatment.

“The arrival in the district, however, in the last three years, of the younger generation of practitioner has certainly brought many more cases with positive sputum results for examination as ‘suspects.’ Following the recent Order of the Ministry of Health (Circular 549), however, I look forward to a great speeding up of notification.

“I believe that the only possible action to secure earlier notification has already been taken in the above Circular.”

Dr. C. R. Brown (Epping).

“These notifications are, as a rule, late. I do not know of any instances of notification after death in this area.

“Cases are not sent to the Tuberculosis Officer for diagnosis early enough.”

Deaths.

Table XIII. gives the number of deaths at all ages from pulmonary and non-pulmonary Tuberculosis in the Administrative County of Essex as compared to England and Wales, since the inception of sanatorium benefit in 1911.

TABLE XIII.

NUMBER OF DEATHS FROM TUBERCULOSIS IN ESSEX AND ENGLAND AND WALES
DURING THE YEARS 1911-24.

Year.	Pulmonary.		Non-Pulmonary.		Total.	
	Essex.	England and Wales.	Essex.	England and Wales.	Essex.	England and Wales.
1911	939	39,232	332	13,888	1,271	53,120
1912	922	38,083	288	11,908	1,310	50,051
1913	900	37,055	323	12,421	1,223	49,476
1914	870	38,637	233	11,661	1,103	50,298
1915	802	41,050	266	12,512	1,068	53,562
1916	762	40,747	237	12,151	999	52,898
1917	888	42,152	224	12,609	1,112	54,761
1918	920	44,971	231	11,733	1,151	56,704
1919	715	36,662	205	9,650	920	46,312
1920	573	33,469	174	9,076	747	42,545
1921	664	33,505	163	9,173	827	42,678
1922	668	33,919	142	8,858	810	42,777
1923	620	32,097	151	8,691	771	40,788
1924	687	—	159	—	846	—

Estimates—1924-25.

Provision was made in these Estimates for the diagnosis and treatment of Tuberculosis as follows :—

Nature of Services.				Amount.
				£
Tuberculosis Officers	...	...	...	4,910
Nurses	...	...	...	2,900
Dispensaries	...	...	...	2,270
County Council Sanatoria	...	...	...	19,423
Other Sanatoria	...	...	...	12,330
Shelters	...	...	...	450
Dental Treatment	...	...	...	100
Extra Nourishment	...	...	...	300
After-care and Propaganda	...	...	...	100
Laboratory	...	...	...	300
Sundries	...	...	...	300
				<hr/>
				£43,383
				<hr/>

Medical and Nursing Service.

(a) TUBERCULOSIS OFFICERS. The principle of combined medical service has been followed wherever possible, and a full list of the medical staff is given on page 7. The staff was augmented during the year 1925, and particulars will be given in the next report.

TABLE XIV.

SHEWING DEATHS FROM TUBERCULOSIS REGISTERED WITH LOCAL REGISTRARS OF BIRTHS AND DEATHS IN THE ADMINISTRATIVE COUNTY DURING 1924, AND PARTICULARS REGARDING NOTIFICATION UNDER THE PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912. (*Transferable Deaths are excluded*).

DISTRICTS.	No. of Deaths.	When Notified.							No. Information.
		After Death	Within 3 months of death.	Within 3-6 months of death.	Within 6-12 months of death.	Within 1-2 years of death.	Within 2-4 years of death.	More than 4 years before death.	
Urban.									
Barking ...	36	8	8	3	3	4	2	...	8
Braintree ...	8	...	...	2	2	...	...	...	4
Brentwood ...	6	...	3	...	1	...	...	...	2
Brightlingsea ...	2	...	...	...	2	...	...	...	...
Buckhurst Hill ...	3	...	1	...	...	...	...	...	2
Burnham ...	3	...	...	...	1	...	...	...	2
Chelmsford B. ...	24	1	6	1	5	3	1	...	7
Chingford ...	8	2	...	1	...	3	...	...	2
Clacton ...	8	1	4	1	...	1	...	...	1
Colchester B. ...	42	...	12	2	2	5	3	4	14
Epping ...	7	...	2	...	2	...	...	...	3
Frinton ...	1	...	...	1	...	...	...	...	...
Grays ...	10	...	1	1	1	...	1	1	5
Halstead ...	4	...	...	...	...	...	...	...	4
Harwich B. ...	3	1	...	1	...	...	...	...	1
Ilford ...	51	13	11	3	3	6	1	...	14
Leyton ...	124	12	25	11	19	14	3	...	40
Loughton ...	1	...	...	1	...	...	...	...	...
Maldon B. ...	7	1	1	...	2	1	...	...	2
Romford ...	15	3	4	...	2	2	...	...	4
Saffron Walden B. ...	4	1	...	...	...	...	...	...	3
Shoeburyness ...	4	...	3	...	...	...	...	...	1
Tilbury ...	10	2	1	1	2	2	1	...	1
Waltham Holy Cross ...	7	...	1	1	2	...	...	...	3
Walthamstow ...	141	18	24	16	26	28	5	3	21
Walton-on-the-Naze ...	1	1	...	...	...	...	...	...	...
Wanstead ...	11	2	1	1	3	...	...	...	4
Witham ...	4	...	2	...	...	...	...	...	2
Wivenhoe ...	2	...	...	...	1	...	...	...	1
Woodford ...	14	...	1	1	2	1	1	...	8
Totals ...	561	66	111	48	81	70	18	8	159
Rural.									
Belchamp ...	7	...	3	...	...	...	...	...	4
Billericay ...	25	5	3	...	2	2	...	...	13
Braintree ...	12	1	1	1	3	1	...	...	5
Bumpstead ...	...	...	...	...	...	...	...	...	...
Chelmsford ...	16	...	2	1	2	1	3	...	7
Dunmow ...	6	...	1	...	...	...	...	...	5
Epping ...	10	3	3	...	2	...	...	...	2
Halstead ...	6	...	1	1	...	...	...	...	4
Lexden and Winstree ...	18	1	3	2	...	2	...	...	10
Maldon ...	9	1	3	...	1	...	...	...	4
Ongar ...	5	...	2	...	...	...	...	...	3
Orsett ...	21	2	2	1	1	2	...	...	13
Rochford ...	19	1	5	3	1	...	...	...	9
Romford ...	33	5	6	5	4	5	...	1	7
Saffron Walden ...	6	1	...	1	...	1	...	...	3
Stansted ...	5	...	...	...	...	...	1	...	4
Tendring ...	19	2	6	2	1	3	...	...	5
Totals ...	217	22	41	17	17	17	4	1	98
URBAN DISTRICTS ...	561	66	111	48	81	70	18	8	159
RURAL DISTRICTS ...	217	22	41	17	17	17	4	1	98
TOTALS ...	778	88	152	65	98	87	22	9	257

(b) **TUBERCULOSIS NURSES.** On page 8 will be found a list of the Health Visitors who undertook tuberculosis work, and who were assisted by 133 District Nurse-Midwives, under the agreement which the County Council have with the Essex County Nursing Association.

(c) **SUMMARY OF WORK.** In the Tables XV., XVI. and XVIII. an attempt is made to summarise the many and varied duties of the Tuberculosis Officers and Nurses, and the treatment granted to patients during the year.

TABLE XV.

SHOWING DISPENSARY ATTENDANCES, EXAMINATIONS, ETC., FOR THE YEARS
1923 AND 1924.

Attendances, etc.	1923. Number.	1924. Number.
Dispensary attendances	17,737	19,449
Contacts and suspects examined	1,802	2,149
Patients examined at request of medical practitioners or Ministry of Pensions	1,769	1,840
Sputa specimens examined	3,645	4,045
Domiciliary visits by Tuberculosis Officers	1,605	1,579
„ „ Nurses	13,014	14,874

TABLE XVI.

SHOWING RECOMMENDATIONS FOR TREATMENT MADE BY THE DISTRICT TUBERCULOSIS
OFFICERS DURING THE YEARS 1923 AND 1924.

Kind of treatment recommended.	1923. Number.	1924. Number.
Dispensary	779	591
Sanatoria	977	2,071
Domiciliary (including Shelters)	1,796	3,172
Observation	3,152	1,108
Total	<u>6,704</u>	<u>6,942</u>

TABLE XVII.

Number of patients on active register at end of 1923	3,030
Number added during 1924	2,082
	<u>5,112</u>
Number removed during 1924	1,842
Total at end of 1924	<u>3,270</u>

TABLE XVII.

SUMMARY OF WORK DONE UNDER THE COUNTY SCHEME FOR THE DIAGNOSIS AND TREATMENT OF TUBERCULOSIS DURING THE YEAR 1924.

Dispensary Area.	No. of Patients on Treatment Register.				Kind of Treatment.			Recommendations for Sanatoria and Extra Nourishment.		Sanatoria.		Domiciliary Shelters.		Contacts and Suspects examined.	Visits.				Sputa examined.	(Consultations with Practitioners.	
					Dispensary.	Domiciliary.	Observation.	Sanatoria.	Extra Nourishment.	Admissions.	Discharges.	Occupied on 31st Dec., 1924.	Inspected.		Tuberculosis Officers.	Tuberculosis Nurses.	Domiciliary.	Patients to Dispensaries.			
	Last Year.	Added.	Removed.	Present Year.																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Braintree	29,466	76	83	75	84	29	118	32	61	—	35	39	—	—	3	30	359	507	91	31	23
Dunmow	15,352	31	12	11	32	2	58	7	14	—	6	11	1	—	—	3	286	156	18	11	4
Halstead	22,261	88	41	26	98	11	53	33	22	—	21	26	5	20	6	99	169	86	49	14	—
Saffron Walden	52,789	57	49	44	52	17	84	18	39	6	32	23	2	3	32	135	514	130	56	25	15
Colchester	62,869	170	121	85	206	32	199	51	95	6	64	73	4	4	93	21	1295	762	85	77	—
Clacton	28,247	53	35	20	63	4	98	19	19	1	10	10	3	3	22	94	141	83	48	25	10
Harwich	37,096	91	47	46	92	26	175	40	33	8	27	22	4	14	144	154	664	233	66	32	7
Chelmsford	45,385	189	83	63	269	51	142	62	94	34	39	42	10	11	21	103	610	828	110	91	1
Malden	26,563	60	51	33	73	8	69	22	45	2	24	25	2	4	29	24	531	722	55	27	2
Elpping	46,479	77	55	48	84	16	97	18	67	2	24	19	2	9	245	156	551	266	52	34	7
Leyton	164,964	541	437	437	541	104	695	175	342	91	188	193	2	2	396	17	3605	3709	557	292	13
Walthamstow	138,577	503	472	429	546	107	789	191	361	54	210	211	2	6	504	127	2901	5757	653	307	113
Barking	35,323	219	129	139	209	14	53	93	185	1	70	66	3	4	218	34	530	1434	145	69	1
Ilford	85,194	261	133	140	254	17	118	86	195	—	63	60	3	3	122	59	759	1458	296	161	6
Romford	79,991	266	133	80	319	39	117	97	183	3	66	56	6	4	71	72	719	1178	154	95	9
Grays	49,869	246	132	132	260	37	118	84	199	13	61	54	5	18	210	163	844	1668	178	61	44
Rochford	29,276	107	34	34	128	77	189	80	117	12	12	11	7	32	30	288	495	472	42	38	7
Totals	920,141	3030	2082	1842	3270	591	3172	1108	2071	233	952	941	61	137	2149	1579	14874	19449	2655	1390	265

Dispensaries and Visiting Stations.

At the conclusion of 1924, the Dispensaries and Visiting Stations enumerated below were open and under the charge of the Tuberculosis Officers named :—

BARKING	...	Tuberculosis Officer, Kerr Simpson, M.D., D.P.H. Dispensary, 37, Linton Road, Mondays, 3 to 5 p.m., Thursdays, 10.30 a.m. to 11.30 p.m.
BRAINTREE	..	Tuberculosis Officer, P. J. Gaffikin, M.C., M.D., B.Ch., B.A.O., D.P.H. Dispensary, Co-operative Buildings, Wednesdays, 11.30 a.m. to 1 p.m. Sanatorium, Black Notley.
CHELMSFORD	...	Tuberculosis Officer, M. Barker, M.R.C.S., L.R.C.P., D.P.H. Dispensary, General Hospital, London Road, Fridays, 2 to 4 p.m. Sanatorium, Harold Court.
CLACTON	...	Tuberculosis Officer, W. A. Milne, M.B., Ch.B., D.P.H. Dispensary, Skelmersdale Road. Fridays, 11 a.m. to 12 noon.
COLCHESTER	...	Tuberculosis Officer, W. F. Corfield, M.D., D.P.H. Dispensary, 12, Trinity Street, Tuesdays, 10.30 a.m. to 12.30 p.m. Thursdays, 10.30 a.m. to 12.30 p.m. Sanatorium, Colchester. Patients from the Wivenhoe Urban District and Lexden and Winstree Rural District are seen during the same sessions by the Tuberculosis Officer for those districts, W. H. Alderton, M.C., M.R.C.S., L.R.C.P., D.P.H.
DUNMOW	...	Tuberculosis Officer, P. J. Gaffikin, M.C., M.D., B.Ch., B.A.O., D.P.H. Dispensary, 18, Mount Pleasant Terrace, The Causeway, Tuesdays 1st and 3rd in each month, 10.30 to 11.30 a.m.
EPPING ...	...	Tuberculosis Officer, Charlotte Brown, L.R.C.P., L.R.C.S. Dispensary, High Street, Wednesdays, 2nd and 4th in each month, 10.30 to 11.30 a.m. Sanatoria, Chingford and High Beech.

- GRAYS ... Tuberculosis Officer, W. B. Wood, M.A., M.D.,
B.Ch., M.R.C.P., D.P.H.
Dispensary, Hilddrop House, 59, London Road,
Grays. Mondays, 4 to 6 p.m., Thursdays, 4 to 6
p.m.
- HALSTEAD ... Tuberculosis Officer, J. S. Ranson, M.R.C.S.,
L.R.C.P., D.P.H.
Dispensary, Out-patients Dept., Cottage Hospital,
Wednesdays, 2nd and 4th in each month, 11.30
a.m. to 1.30 p.m.
Sanatorium, Sible Hedingham.
- HARWICH ... Tuberculosis Officer, J. Ramsbottom, M.B., Ch.B.,
D.P.H.
Dispensary, c/o Mr. Woodward, Corner Chemist,
1, Church Street. Tuesdays, 11 a.m. to 12 noon.
- ILFORD ... Tuberculosis Officer, A. H. Jacob, L.R.C.P.,
L.R.C.S.
Dispensary, 38, Oakfield Road. Tuesdays, 3 to 5
p.m., Fridays, 4 to 6 p.m.
Sanatorium, Ilford.
- LEYTON ... Tuberculosis Officers, J. Sorley, M.A., M.D.,
D.P.H., LL.B., and Charlotte Brown, L.R.C.P.,
L.R.C.S.
Dispensary, 180, High Road, Mondays, 2 to 4 p.m.
(children only), Thursdays, 10 a.m. to 12 noon
(new cases only), and 6 to 8 p.m., Fridays, 2 to 4
p.m.
- MALDON ... Tuberculosis Officer, W. H. Alderton, M.C.,
M.R.C.S., L.R.C.P., D.P.H.
Dispensary, 114, High Street, Tuesdays, 2nd and
4th in each month, 10.30 a.m. to 11.30 a.m.
- ROMFORD ... Tuberculosis Officer, A. H. Jacob, L.R.C.P.,
L.R.C.S.
Dispensary, 29, Eastern Road, Tuesdays and
Fridays, 9.30 a.m. to 12.30 p.m.
- SAFFRON WALDEN ... Tuberculosis Officer, S. R. Richardson, B.A., M.D.,
B.Ch., B.A.O., D.P.H.
Dispensary, Adult School Room, High Street,
Tuesdays, 1st and 3rd in each month, 2 p.m. to
4 p.m.

SOUTHEND

Tuberculosis Officer, G. N. Meachen, M.D., B
 Dispensary, 30, Clarence Street, Mondays, Thursdays and Saturdays, 2.30 to 4.30 p.m. (men, 2.30 to 3.15, women 3.15), Tuesdays, 5.30 to 8.30 p.m. (men only), Fridays, 6.30 to 8.30 p.m. (women only).

WALTHAMSTOW

... Tuberculosis Officer, J. Sorley, M.A., M.D., D.P.L.
 LL.B.
 Dispensary, 334, Hoe Street, Mondays, 2 to 4 p.m.
 Tuesdays, 10 a.m. to 12 noon and 6 to 8 p.m.
 Wednesdays, 10 to 12 noon (new cases only)
 Fridays, 10 to 12 noon (children only).

The County Scheme for the Treatment of Tuberculosis, as revised in November 1921, has been continued and the reports from some of the District Tuberculosis Officers reveal the increasing usefulness of the Dispensaries throughout the County. A selection of these reports is given below :—

Dr. W. F. Corfield (Colechester) states that “the Dispensary in this area is undoubtedly of great use to both the doctors and their patients. My opinion is constantly being sought about cases sent to the Dispensary, and not only for diagnosis, but also as to the fitness of patients for sanatoria.”

Dr. S. R. Richardson (Saffron Walden) writes: “I consider the Dispensary an essential part of any satisfactory Tuberculosis Scheme, and the best possible means of keeping in touch with patients.”

Dr. J. Ramsbottom (Tendring and Harwich) points out that there is only one Dispensary to serve the Tendring District, and that is situated at the extreme edge, *i.e.*, Harwich. It therefore only serves Harwich and Parkston (Ramsey), a population of about 15,000, of which the Borough represents 13,000. Dr. Ramsbottom says: “As a consulting centre for Harwich and Parkston, I am satisfied with it, and as such the practitioners in this district use it freely. I hope to commence a consulting centre at Weeley during the coming year when the office is completed.”

Dr. W. B. Wood (Orsett) writes: “I think that the Grays Dispensary continues to serve a very useful function in this district. I am indebted to the Tuberculosis Sub-Committee for granting me permission to adopt a number of minor improvements in decoration, etc., during the year, as the result of which somewhat dingy quarters have been considerably brightened. The installation of a first class X-ray plant at the Tilbury branch of the Dreadnought Hospital is likely to prove of great assistance. The chest radiograms, which have been taken at this Hospital, have been of excellent quality.”

Dr. W. H. Alderton (Lexden & Winstree and Maldon) states that “the Tuberculosis Dispensaries continue to function usefully; this is especially so in the Maldon District, where the majority of the patients are fit to attend. In Lexden & Winstree, however, the patients can be divided into two classes; those unable to

attend and those fit for work, and this combined with the fact that the travelling services are poor to and from the country districts, accounts for there being more visiting necessary than would otherwise be the case."

Dr. A. H. Jacob (Romford and Ilford) writes: "I consider the function of the Dispensary, as a clearing house and for close observation of suspects, is amply fulfilled, and without the Dispensary the campaign for the prevention of Tuberculosis would be much set back.

"The linking up of the Dispensary with the inspection of the school child and with the Care Associations is, I think, in every way desirable."

Sanatorium Treatment.

(1) BEDS. Table XIX. shews the number of beds occupied and the number of patients treated during the years 1923 and 1924.

Artificial Pneumo-Thorax Treatment. The arrangements with the Victoria Park Hospital, London, have been continued during the year. Only four out of ten cases sent to this Institution during the year were considered suitable for artificial pneumo-thorax treatment.

(2) COUNTY COUNCIL INSTITUTIONS. The County Accountant has again kindly supplied Table XX. (page 50), which gives particulars regarding the average cost per patient per week at each of the four Institutions controlled by the County Council.

TABLE XIX.

SHOWING NUMBER OF BEDS PROVIDED AND NUMBER OF PATIENTS ACCOMMODATED DURING THE YEARS 1923 AND 1924.

Name of Institution.	Kind of Patient Treated.	Number of Beds at end of		Number of Patients treated during	
		1923	1924	1923	1924
Harold Court...	Males.	53	56	260	260
Ilford ...	"	19	19	77	29
Bolchester ...	"	13	12	66	55
Other Institutions	"	41	21	153	70
Black Notley ...	Females.	45	45	232	218
Chingford ...	"	12	14	70	53
Other Institutions	"	11	23	49	58
High Beech (Surgical) ..	Children.	32	32	60	39
Sible Hedingham ...	"	31	31	144	107
Other Institutions	"	29	54	79	87
Totals		286	307	1190	976

SUMMARY OF BEDS PROVIDED.

		1923.	1924.
County Council Institutions ...	...	161	164
Isolation Hospitals under Agreement ...	...	44	45
Other Institutions as required ...	...	81	98
		<hr/>	<hr/>
Total ...	...	286	307
		<hr/>	<hr/>

(a) *Harold Court Sanatorium.* During the year the number of beds available at this Institution was increased to 56, as compared with 53 for the previous year. Treatment was given during the year to 260 patients, the average length of stay being 78 days. Dr. T. P. Puddicombe, Chief Assistant County Medical Officer, continued the duties of temporary Medical Superintendent until August, 1924, when Dr. Malcolm Barker was appointed.

(b) *Black Notley Sanatorium.* The accommodation at this Institution remained at 45 beds. During the year 218 patients received treatment, the average length of stay of each patient being 74 days.

At the time of writing, the plans of proposed extensions at this Institution are in the hands of the Ministry of Health. These extensions aim at providing the following accommodation :—

50 beds for women suffering from pulmonary tuberculosis.				
50	„	children	„	„
50	„	„	„	surgical
<hr/>				
150				
<hr/>				

(c) *Sible Hedingham Sanatorium.* There is no outstanding feature to report in connection with this Institution. 107 children were treated during the year, the average length of stay being 105 days. The number of beds provided was 31.

(d) *High Beech Hospital for Surgical Tuberculosis.* The 32 beds provided at this Hospital were kept full throughout the year. Sir Henry J. Gauvain, Consulting Surgeon to the Essex County Council, continued his monthly visits to the Institution. There were 39 children treated during the year, the average length of stay being 296 days.

(e) *General.* In regard to sanatorium treatment generally, the following observations made by some of the Tuberculosis Officers are of interest :—

Dr. W. F. Corfield (Colchester).

“In my opinion, only what may be termed early intermediate cases should be admitted to sanatoria.”

Dr. Corfield also makes suggestions as follows :—

"(a) Hospital accommodation for advanced cases.

"(b) A proper understanding in the sanatoria that cases that can be relieved are to be kept until that relief is obtained.

"(c) Tuberculosis Officers to be instructed not to send advanced, and certainly not dying, cases to sanatoria."

Dr. S. R. Richardson (Saffron Walden).

"In my opinion it is not advisable to reserve sanatoria for early and doubtful cases, until there is adequate institutional accommodation for intermediate and advanced cases. I regard the isolation of the more infective cases as an infinitely more important factor in checking the spread of Tuberculosis than the admission of early and doubtful cases to sanatoria."

Dr. J. Ramsbottom (Tendring).

"Approaching 70 per cent. of the cases in my area are clinically advanced cases, and during the year I have only seen two or three undoubtedly early cases. . . . It appears to me that all cases, whether early intermediate or advanced, should be admitted to sanatorium, provided the case shows reasonable grounds to expect improvement.

"For the short time the patients can be treated in sanatorium, the chronic, intermediate and advanced cases with a good resistance to the disease already developed, and who are suffering from a temporary breakdown, often do quite well with a short period of treatment, and on leaving are able to return to work.

"The difficulty arises with the obviously hopeless cases. With these sanatorium treatment is too severe for them, and to associate them with improving cases in sanatorium is detrimental to the latter. Yet in the interest of preventive medicine some means of isolation of these highly infectious cases are essential."

Dr. J. S. Ranson (Halstead).

"Intermediate and advanced cases should be, when first discovered, admitted to a sanatorium for the purpose of education as to the manner of conducting their future lives. More accommodation is required for advanced cases."

Dr. W. B. Wood (Grays and Tilbury).

Speaking of intermediate and advanced cases, Dr. Wood states that the problem in dealing with these seems almost impossible of solution. That they should be segregated as virulent sources of infection, especially to the young, will be admitted by all who have studied the problem. If such cases, however, are sent to sanatoria where earlier cases are received, they must exercise a most depressing and consequently deleterious effect.

"On the other hand, if the advanced cases are collected together at the same institution, the place inevitably tends to become a home for the dying. . . .

"I think, therefore, that the best course is that which has actually been taken, namely, to admit early cases to a sanatorium like that at Colchester and intermediate cases to Harold Court. Advanced cases should be sent to the local infirmary whenever it is possible to induce them to go."

Dr. W. H. Alderton (Lexden & Winstree).

"At the outset one may say that advanced hopeless cases should not be admitted to sanatoria; one may also say that there are early cases also that should not be admitted to sanatoria.

"I think we are too dogmatic when we say that early cases should have sanatorium treatment and advanced cases should not. Speaking of purely pulmonary cases, those who require an ambulance to convey them to the sanatorium are not the cases suitable for such treatment. To reap the full benefit of a sanatorium a patient should at least be able to take gentle exercise each day, with a view to increasing the resistance by auto-inoculation. Patients who are 'bed cases' are better off in their own homes, if suitable, or in hospital. As Dr. Milne pointed out last year, one is always subject to pressure to get cases, which are really unsuitable, into sanatoria, and it is difficult to resist this when home conditions are unsuitable for treatment at home. Until we have better housing conditions, ample accommodation for both hospital cases and sanatorium cases, we shall continue to have the controversy with regard to the type of case which should be admitted to sanatorium."

Dr. G. N. Meachen (Rochford).

"In my opinion there is a distinct need for further institutional accommodation for the advanced case, not in any 'home for the dying,' but in a special hospital where the idea of recovery is fostered to the last."

CONFERENCES OF TUBERCULOSIS OFFICERS. A Conference of Tuberculosis Officers was held on the 10th December, 1924, when a report by a Special Sub-Committee of Tuberculosis Officers, namely, Drs. T. P. Puddicombe, J. Sorley, W. F. Corfield and P. J. Gaffikin was considered. This Special Sub-Committee had been appointed at a previous conference of Tuberculosis Officers to consider and report upon several matters, the most important being the provision of institutional treatment and the forms used in connection with the completing of "Dossiers." The conference proved exceedingly helpful, particularly in obtaining the views of the Tuberculosis Officers on the provisions which have been made in the County for institutional treatment, and a number of useful amendments were made to several forms of report.

Railway Vouchers.

The arrangement with the Railway Companies in Essex under which Railway Vouchers are issued direct from the Public Health Department to necessitous patients, has continued to work successfully. During the year 568 vouchers were issued, the total railway fares amounting to £138 16s.

Extra Nourishment.

Grants of extra nourishment have been made during the year to those patients coming under the categories outlined in the report for 1923. The following Table shows the amounts expended since 1921, as compared with estimated expenditure :—

Year.			Estimated Expenditure.			Actual Expenditure.
			£			£ s. d.
1921-22	...	...	1,100	...	890	16 11
1922-23	...	...	355	...	270	18 5
1923-24	...	...	300	...	109	16 11
1924-25	...	...	300	..	139	8 7
1925-26	...	...	300	...		?

Each order is issued on the understanding that "Grade A" milk will be obtained if it is procurable in the district.

Dental Treatment.

The County Council's Scheme, outlined in the Annual Report for 1919, has been continued. 83 patients were treated, having 256 extractions, 51 fillings and 22 scalings.

Contributions.

As stated in the Annual Report for 1921, contributions are asked for not only from parents of children who receive institutional treatment, but also from adult patients (ex-service men excluded). The total amount so collected during the year was £1,916 18s. 11d. The services of School Attendance Officers were again utilised for the collection of these contributions. Careful enquiry is made from time to time, and it does not appear that these contributions are restrictive in character. I have not heard of a single patient who has been prevented thereby from receiving the necessary treatment.

After-Care.

The objects and conditions of Tuberculosis Care Associations outlined in last year's Annual Report operated as and from 1st April, 1924.

Table XXI. gives a list of the Care Associations throughout the County and shews the extent to which they have rendered assistance to patients. Cases needing assistance are referred to the Tuberculosis Officer for the district who acts as medical adviser to the Association.

TABLE XX.

STATEMENT SHOWING AVERAGE COST PER PATIENT PER WEEK FOR THE TREATMENT OF TUBERCULOUS PATIENTS
IN COUNTY SANATORIA DURING THE YEAR ENDED 31ST MARCH, 1925
(kindly supplied by the County Accountant).

Item of Expenditure.	BLACK NOTLEY. (Average No. of Patients 42·85).		HAROLD COURT. (Average No. of Patients 53·67).		HIGH BEECH. (Average No. of Patients 51·88).		SIBLE HEDDINGHAM. (Average No. of Patients 30·66).	
	Amount.	Average cost per Patient per week.	Amount.	Average cost per Patient per week.	Amount.	Average cost per Patient per week.	Amount.	Average cost per Patient per week.
Salaries	£ 933	d. 100·23	£ 1865	d. 150·95	£ 1571	d. 226·84	£ 563	d. 84·51
Provisions	1213	130·30	2897	248·47	707	102·08	609	91·42
Drugs and Medical Appliances	78	8·38	217	18·61	189	27·29	17	2·35
Fuel, Light and Water	313	33·62	431	36·97	189	27·29	114	17·11
Domestic Renewals, Repairs, &c.	132	14·18	417	35·76	152	21·95	97	4·05
Laundry	203	21·81	389	33·36	110	15·88	74	11·11
Structural Renewals, Repairs, &c.	94	10·10	582	49·92	141	20·36	97	14·56
Garden	9	·97	...	4·91	34	4·91	32	4·80
Travelling Expenses of Patients and Staff	171	18·37	223	19·12	84	12·12	71	10·65
Printing, Stationery, &c.	33	3·54	66	5·66	21	3·03	19	2·85
Rates, Taxes, Insurance	26	2·79	97	8·32	95	13·72	50	7·51
Rent	9	·97	268	22·99	70	10·11	130	18·01
Miscellaneous	147	15·79	135	11·58	40	5·78	24	3·60
Totals	3361	361·05	7587	650·71	3403	491·36	1817	272·74
Capital defrayed from Revenue	91	9·77	354	30·36	54	7·80	6	·90
Gross Total	3452	370·82	7941	681·07	3457	499·16	1823	273·64
Profit on Farm Account .. .. .	...	...	105	9·00	...	...	...	...
Other Receipts	2	·21	72	6·18	18	2·60	12	1·80
Nett Total	3450	370·61	7764	665·89	3439	496·56	1811	271·84
	(£1. 10s. 11d.)		(£2. 15s. 6d.)		(£2. 1s. 5d.)		(£1. 2s. 8d.)	

TABLE XXI.

TUBERCULOSIS AFTER-CARE ASSOCIATIONS IN ESSEX.

Name of Association.	Day and Time of Meetings.	Year ended.	Income including Balance in hand.	Expenditure.			No. of Cases assisted.	Assistance Provided.
				Cases assisted.	Other Items.			
BARKING ...	Third Tuesday in each month at 8 p.m.	31/3/25	£ s. d. 251 2 0½	£ s. d. 183 4 11	£ s. d. 19 14 2½	49	Provision of extra nourishment Provision of clothing ,, boots ,, dentures	
CHELMSFORD ..	Fourth Monday in each month at 7 p.m.	31/7/24	290 17 9	102 10 6	10 4 0	33	Provision of extra nourishment Provision of clothing ,, air cushion ,, water bed Christmas grants to patients in Sanatoria Convalescent treatment, cash, fares	
COLCHESTER ...	Monthly	31/3/25	24 13 6	13 13 0	15 6	10	Provision of extra nourishment Dental treatment	
ILFORD ...	First Thursday in each month at 7.30 p.m.	30/9/24	373 4 8	206 5 10	18 13 8	44	Provision of extra nourishment and clothing	
LEYTON ...	Second Friday in each month at 7 p.m.	30/11/24	264 10 7	161 13 11	19 17 6	69	Provision of extra nourishment Provision of clothing ,, dentures ,, nursing services Christmas grants to patients in Sanatoria Convalescent treatment, cash	
ROMFORD ...	Second Friday in each month at 8 p.m.	31/3/25	182 10 2	116 2 2	35 16 1	23	Provision of extra nourishment Provision of dentures ,, employment	
SAFFRON WALDEN	First and third Tuesday in each month.	31/3/25	24 11 5	2 13 6	?	8	Provision of extra nourishment Provision of crutches Cash grants	

PART III.

MATERNITY AND CHILD WELFARE ACT, 1918. NOTIFICATION OF BIRTHS ACTS, 1907 & 1915.

(1) COUNTY AREA. During the year 1924, the County Council were responsible for administering the above Acts in the following 26 sanitary districts:—

Districts.	Acreage.	Population.	No. of Births notified
Maldon B. ...	... 3,028	6,590	105
Saffron Walden B. ...	... 7,502	5,874	70
Braintree U. ...	... 2,224	6,970	121
Brentwood U. ...	... 460	6,853	118
Brightlingsea U. ...	... 2,867	4,500	68
Burnham-on-Crouch U. ...	... 4,517	3,434	41
Chingford U. ...	... 2,808	9,482	179
Epping U. ...	... 1,420	4,196	73
Frinton-on-Sea U. .	... 422	3,032	16
Halstead U. ...	... 647	5,923	94
Shoeburyness U. ...	... 1,036	6,413	112
Walton-on-the-Naze U. ...	... 2,046	3,664	45
Witham U. ...	... 3,713	3,717	43
Wivenhoe U. ...	... 1,564	2,329	32
Belchamp R. ...	... 26,500	4,219	57
Billericay R. ...	... 49,394	24,211	404
Braintree R. ...	... 62,349	18,779	236
Bumpstead R. .	... 11,874	2,376	45
Dunmow R. ...	.. 73,503	15,352	193
Epping R. ...	... 39,055	14,625	197
Halstead R. ...	... 38,712	9,743	92
Ongar R. ...	... 47,236	10,054	147
Rochford R. ...	... 55,003	22,863	486
Saffron Walden R. ...	59,975	10,087	132
Stansted R. ...	22,954	6,828	102
Tendring R. ...	... 73,131	21,721	398
Total	...593,940	233,835	3,606

(2) **SCHEME.** For the year 1924-25 the following provision was made in the estimates for the services indicated, and the expenditure is also shown for comparative purposes :—

	Estimates.	Expenditure.
	£	£
Nursing Association for Midwifery (proportion)...	4,370 ...	4,876
Grants to Midwives ...	130 ...	95
Health Visitors (proportion) ...	1,150 ...	1,018
„ Allowances (proportion) ...	250 ...	206
Medical Services, including travelling expenses (proportion) ...	1,890 ...	1,564
Child Welfare Centres ...	500 ...	407
Fees to Doctors called in ...	1,000 ..	959
Inspection of Midwives ...	150 ...	150
Milk ...	500 ...	459
Hospital Provision ...	200 ...	12
Other Payments ...	300 .	346
	<hr/> 10,440	<hr/> 10,092
Less amount recovered from patients in respect of medical practitioners' fees ...	200 ...	214 (year 1924-25)
	<hr/> £10,240	<hr/> £9,878

As indicated in last year's Annual Report proposals were made towards the end of the year 1923 for developing and extending the Maternity and Child Welfare Scheme. These were approved by the Public Health and Housing Committee and during the year 1924 were dealt with as indicated under the various sections outlined in the following pages.

(3) **MEDICAL SERVICE.** A full list of the County Medical Staff is given on page 7 and of these 11 devote part of their time to Child Welfare work by attending Centres, giving "Talks" to parents, visiting midwives, etc. The principle of Combined Medical Service has been followed.

The appointment of an additional whole-time medical officer for Child Welfare purposes did not materialise during the year under review but at the beginning of the year 1925 two new appointments were made on the County Medical Staff, the officers appointed undertaking the various public health duties. Hence, a re-arrangement of areas was possible which met the requirements of the child welfare area in regard to medical service.

(4) **NURSING SERVICE.** On 31st December, 1924, the Health Visiting Staff consisted of the following:—

	Whole-time.	Part-time.
(a) Nurses undertaking Child Welfare, School and Tuberculosis work	18	2
(b) Nurses undertaking School and Tuberculosis work only	6	4
(c) Nurses undertaking Tuberculosis work only ...	5	2
Total ...	29	8

The duties of these nurses are defined in General Instructions, which are being revised and amended according to requirements arising from experience gained during the past few years.

A summary of work carried out by the nurses during the 12 months ended 31st December, 1924, is given in Table XXII. From the Registrar's returns it was found that 159 births (4.15) had not been notified to the County Medical Officer. Where necessary the attention of doctors or midwives concerned was drawn to the requirements of the Notification of Births Acts.

TABLE XXII.

SHewing SUMMARY OF WORK CARRIED OUT BY EACH HEALTH VISITOR AND DISTRICT NURSE-MIDWIFE IN THE CHILD WELFARE AREA.

Nursing Area. Districts.	Notifications received.		H.Vs. No of Visits		D.N.Ms. No. of Visits.		Total Visits.	
	Live Births.	Still Births	Pre- Natal.	Post- natal.	Pre- Natal.	Post- Natal.	Pre- Natal.	Post- Natal.
Saffron Walden B & R.	197	5	—	62	520	1182	520	1244
Bumpstead & North Halstead & Belchamp R.	118	3	2	402	463	1033	465	1435
Halstead U. & South Halstead & Belchamp R.	176	11	33	872	89	258	122	1130
Wivenhoe (part-time H.V.)	32	2	31	150	124	375	155	525
Tendring West & Brightlingsea	270	6	63	727	530	1338	593	2065
Tendring East & Frinton	202	4	39	892	231	755	270	1647
Walton-on-Naze (part-time H.V.)	44	1	42	445	—	—	42	445
Stansted & Dunmow (S.W.)	142	4	15	141	449	1124	465	1265
Dunmow (part)	150	4	34	488	517	1412	581	1900
Braintree U. & R. (North)	193	8	65	553	594	974	659	1527
Braintree R. (South) & Witham	207	4	30	586	455	1068	485	1654
Epping U. & R. (part)	245	14	20	364	876	1461	896	1825
Ongar Rural.	142	7	42	371	171	272	213	643
Burnham (part-time H.V.)	41	—	2	245	60	216	62	461
Maldon B.	99	6	6	609	96	200	102	809
Chingford U.	174	6	10	1031	—	—	10	1031
Chigwell Parish (part-time H.V.)	17	2	16	336	—	—	16	336
Brentwood U. & part Billericay R.	189	3	21	193	128	383	149	576
Billericay R. (part)	212	11	24	1154	227	462	251	1616
Rochford R. & Shoeburyness U.	397	8	24	1390	110	151	134	1541
Rochford R. and Billericay (part)	249	1	33	1522	19	21	52	1546
Totals	3496	110	553	12533	5689	12688	6242	25221

An additional whole-time Health Visitor was appointed in March, 1924, for the Rochford Rural District. As and from 1st April, 1924, a scheme was put into operation under an arrangement between the County Council and the Grays Urban District Council, for the joint appointment of Health Visitors for the district.

In the previous year's Report, reference was made to the appointment of Miss D. M. Landon as Chief Health Nurse and details of her duties for the County Council and for the Essex County Nursing Association were given.

Miss Landon commenced duty on 1st January, 1924. She has kept in close touch with the Health Visitors and her duties have enabled her to link up their work with that of the District Nurse Midwives under the Combined Nursing Scheme.

(5) CHILD WELFARE CENTRES. These have been continued by the Local Voluntary Committees who have adopted the County Council's Objects and Conditions referred to in the Annual Report for 1923. The following is a list of the Centres under this Scheme at the end of 1924 :—

Address.	Population served.	Sessions.	Grant.		
			£	s.	d.
Progressive Club, Maldon ...	6,590	Weekly (Tuesday) ...	20	0	0
Trinity House, Halstead ...	5,923	Fortnightly (Thursday)	... 20	0	0
Council Offices, Shoeburyness	6,413	Fortnightly (Thursday)	... 20	0	0
Central Hall, High Street, ... Saffron Walden	5,874	Weekly (Friday) ...	20	0	0
Congregational Sunday School, South Street, Brentwood	6,853	Fortnightly (Friday)	12	10	0
Women's Institute Hall, St. ... John's Road, Epping	4,196	Weekly (Tuesday) ...	20	0	0
Women's Institute, Club Room, Harlow	3,201	Fortnightly (Friday)	10	0	0
Parochial Hall, Junction Road, Warley	5,974	Fortnightly (Friday)	12	10	0
Village Hall, Brook Street, ... South Weald	5,670	Fortnightly (Tuesday)	... 10	0	0
Women's Institute Hall, ... Matching Tye	463	Monthly (Friday) ...	5	0	0
Parish Room, Sheering ...	778	Monthly (Thursday)	5	0	0
Debden and Wimbish ... (Memorial Hall, Debden)	1,214	Monthly (Wednesday)	5	0	0
New Hall, Theydon Bois ...	1,267	Weekly (Friday) ...	5	0	0

Address.	Population served.	Sessions.	Grant.		
			£	s.	d.
Assembly Room, Sible Hedingham	2,723	Fortnightly (Tuesday)	15	0	0
Parish Room, Abridge	1,244	Fortnightly (Thursday)	7	10	0
Congregational Chapel School- room, London Road, Braintree	6,970	Weekly (Tuesday)	20	0	0
Church Street, Bocking	2,000	Fortnightly (Wednesday)	10	0	0
Hampton Road Congregational Church Rooms, Chingford	9,482	Weekly (Tuesday)	30	0	0
Comrades Hall, Billericay	5,164	Fortnightly (Thursday)	20	0	0
Village Hall, Earls Colne	2,732	Fortnightly (Wednesday)	15	0	0
Congregational Church Hall, Hadleigh	2,246	Fortnightly (Tuesday)	7	10	0
Men's Institute, Hatfield Heath	1,564	Monthly (Friday)	8	0	0
Lecture Hall, Steeple Bumpstead	1,784	Fortnightly (Wednesday)	10	0	0
Village Hall, Hatfield Peverel	1,600	Fortnightly (Thursday)	7	10	0
Village Hall, Great Wakering	2,584	Fortnightly (Thursday)	12	10	0
New Church Schools, Brightlingsea	4,500	Fortnightly (Wednesday)	20	0	0
Club Room, Ramsden Heath	1,342	Monthly (Wednesday)	7	10	0

At the time of writing the question of the County Council establishing modern combined treatment centres at Brentwood, Maldon and Braintree is receiving consideration.

(6) PROVISION OF MILK. The two schemes for Provision of Milk (a) for districts served by Centres and (b) for districts not served by Centres was continued during the year.

(a) *Districts served by Child Welfare Centres.* The following table shows the number of cases assisted by each Child Welfare Centre and the amount claimed from the County Council to meet the expenses incurred :—

Centre.	No. of families assisted.			Total amount paid by County Council for year ended 31st December, 1924.		
				£	s.	d.
Abridge	...	—	...	—		
Brentwood	...	13	...	36	12	2½
Chingford	...	25	...	24	6	2
Earls Colne	...	3	...	5	10	3½
Epping	...	9	...	4	12	3½
Halstead	...	31	...	51	17	2
Hatfield Heath	...	4	...	1	8	6
Hatfield Peverel	...	2	...	4	15	3
Maldon	...	15	...	20	9	11½
Saffron Walden	...	6	...	10	4	1½
Sheering	...	3	...	5	0	5
Shoeburyness	...	3	...	1	12	3
Sible Hedingham	...	8	...	18	9	7½
Steeple Bumpstead...	...	5	...	12	19	3
Theydon Bois	...	3	...	3	8	10
Warley	...	23	...	28	18	7½
Great Wakering	...	—	...	—		
		153	...	£230	4	11½

(b) *Districts not served by Centres.* Under this scheme 91 mothers and 65 infants were granted supplies of milk for varying periods free of charge at a total cost of approximately £280. Dried milk was also supplied to necessitous cases at cost price.

(7) **MATERNAL MORTALITY.** By Circular No. 517, dated 30th June, 1924, the Minister of Health draws the attention of Child Welfare Authorities to the report, entitled "Maternal Mortality associated with Child-bearing," written by the Senior Medical Officer for Child Welfare. Various suggestions for the prevention and remedy of the continuous high rate of maternal mortality are set out in this report and special reference is made in the above-mentioned circular to the following:—

- (a) Ante-natal supervision.
- (b) Maternity beds.
- (c) Domestic, midwifery and maternity nursing.
- (d) Investigations.
- (e) Educational measures.

(8) **HOSPITAL TREATMENT.** During the year a scheme was put into operation under which arrangements are made for the admission to hospitals of the following cases :—

- (a) Complicated or difficult cases of confinement where hospital treatment is essential.
- (b) Cases of confinement where, in the opinion of the medical attendant, the patient cannot with safety be confined in her own home.

In addition to the above, infants under school age who are found to be suffering from physical defects are referred to the County Medical Officer who makes arrangements for such children to be examined by the Orthopædic Surgeon, Queen's Hospital for Children, London. When treatment is recommended, the matter is referred to the Maternity and Child Welfare Sub-Committee and arrangements are made for the admission of the patients to either the Queen's Hospital for Children, or the Brookfield Orthopædic Hospital.

In all the above cases the patients or parents are required to contribute according to their financial circumstances.

(9) **MATERNITY WARD, LEYTONSTONE.** Reference was made last year to the proposal of the Essex County Nursing Association to erect a Maternity Ward.

After further negotiations and deliberations however, it was decided to abandon, for the time being, the question of erecting a Maternity Ward.

The chief factor in arriving at this decision was that the Essex County Nursing Association were able to make other arrangements for their nurses to receive the intern training required by the Central Midwives Board.

At the time of writing a conference with various Local Authorities near London is contemplated with a view to considering the question of providing maternity beds for the extra-Metropolitan area.

(10) **GENERAL.** Owing to limitation of space, it is impossible to give reports on the individual Child Welfare Centres this year. This will receive ample consideration in next year's Annual Report.

I am indebted to Dr. Mary D. Rankine for the following report on the general aspect of the Maternity and Child Welfare work in the County Area during the year under review :—

“The necessity of dealing with children under school age, especially of the poorer classes, and also their mothers is obvious. It is not even sufficient to deal with the health of the child after birth. It is better to start before, and to take care of the mother during her pregnancy.

“For this reason more Maternity and Ante-natal Clinics are needed in Essex where expectant mothers could be seen and kept under observation if possible during the whole period of pregnancy. This would not only be beneficial to the mother, but in many cases would ensure a much healthier baby.

“Such clinics should be held in connection with each Welfare Clinic, but at different hours, as it is impossible owing to lack of time for a Medical Officer to attend to two different classes at the one session.

“It would be well, too, if more Maternity Homes or Hospitals were established where mothers who were found to have any abnormality, or who might be expected to have a difficult confinement might be sent. These Homes or Hospitals would also be available in those cases where the home conditions are so unsatisfactory as to make it undesirable that the child should be born there. At present it is a very difficult matter to get accommodation for such cases, the larger hospitals being usually full, and the smaller private ones often too expensive, and few mothers care to avail themselves of Poor Law Institutions.

“Dental Clinics are urgently needed, or at least a scheme for the provision of dental treatment for Expectant and Nursing Mothers. Many of these suffer from chronic ill-health because of the effects of the septic condition of their mouths on the whole system. I am convinced from observation, that many mothers fail to nurse their babies from this condition alone.

“It should be the aim of every Centre to get in touch through the District Nurse-midwives and Health Visitors with each expectant mother in the neighbourhood who has not placed herself, probably through lack of means, etc., under the care of a private medical attendant. Normal and abnormal cases should equally be encouraged to attend regularly and a complete record of each case might thus be kept, not only after birth, but also before. Advice could also be given regarding the preparations necessary for the actual confinement and also on baby clothing, etc.

“The next step is the Child Welfare Centre, and more of these are gradually being formed and are urgently needed, especially in some of the outlying rural areas. The midwives should do all in their power to encourage their patients to attend the Welfare Centre in their district if it is within reasonable distance.

“From personal observation I think that better accommodation for these clinics is necessary at least in a good many of the present Centres.

“It is obviously not desirable to hold a Clinic in one room only. Such consultations are almost bound to be overcrowded, noisy and distracting to the Medical Officer and they certainly lack privacy both for private conversation and examination. A screen is a very poor make-shift.

“In some of our Clinics, simple health talks are given to the mothers, either by the Medical Officer or Health Visitor. Perhaps others suited for the purpose might be found to give talks on cookery, knitting and making of simple garments, etc. The mothers seem to appreciate these talks in

the Centres where they are given. At these Clinics it is possible to keep the children under school age under observation, and whenever defects are found, at least other than ordinary simple ailments, to refer the mother to her own medical attendant for treatment.

"The scheme whereby expert Orthopædic advice and treatment can now be obtained is extremely valuable.

"Dental treatment for children under five years of age is very necessary. Enlarged glands, etc., as a result of decayed teeth are very frequent.

"It is not an uncommon thing to examine a five years' old child in school who has hardly one sound tooth. This could have been prevented if dental treatment had been available sooner.

"Infants' Hospitals in convenient Centres are greatly to be desired for those difficult cases of Malnutrition. Everyone is familiar with those cases where babies who cannot put on weight at home, and improve a little once when put under skilled care, if even for a few weeks' time only.

"I wish also, that it were possible to have Convalescent Homes for those children who are debilitated after measles, whooping cough, or other common diseases of children. Often persistent ill-health and even tuberculosis may follow from an incomplete recovery from these.

"The scheme for the provision of milk for nursing and expectant mothers and babies has been a great boon in many cases, but the grant is not very large and sometimes one has to limit the number of cases so as to keep within the available funds.

"At most of our clinics "Glaxo," "Ambrosia" or other dried milks are sold, and oil and malt and virol are usually stocked for sale at reduced prices.

"In several of the Centres, baby garments are on sale at reduced prices and these are much appreciated by the mothers. At Braintree some of these garments are made by the school children, and there also in one school at least, instruction in the care of babies is given to the older girls, who at intervals attend the Centre to see the work being carried on. In Braintree too, during the present year, one of the local cinemas was engaged and propaganda films of child welfare work were exhibited. This part of the work is very valuable and might well be extended. A Mother Craft Exhibition during Baby Week last year was also held and this was extremely well attended. The Child Welfare and Maternity Work is uphill, and there are still mothers who will not attend the Centres, but more and more are gradually coming to appreciate the work carried on there, and with the education of the children in the schools rapid progress should certainly be made.

"The Health Visitors and in most cases the midwives are doing their utmost to encourage the mothers to attend the Centres where available. I wish it were possible, however, to get more home visiting done. The Health Visitors do the utmost they can with the time at their disposal. I am not convinced, however, that all the District Nurse-Midwives pay as many home visits during the first and following years as is desirable; often this is impossible for them as they have too much general and midwifery work to do besides. For this reason it would be better for the work at the big Centres to have extra Health Visitors, and it is also much easier for the Medical Officer to keep in touch with them, than it is with the midwife.

"At each Centre, I have always found that the Committee and voluntary helpers are most willing to assist us in carrying on our work, and usually they do all they can to stimulate local interest, and to raise extra funds for the Centre.

"If more funds were available, and perhaps later they will be, much more might be done for the welfare of the mothers and children, and for the prevention, or early detection of disease.

"'Prevention is better than cure,' and it would be more economical in the long run to spend money on the prevention of disease, than probably to lay out a great deal more later, in the attempt to cure those ailments or defects, many of which might easily have been avoided.

"The work carried out at the various Centres in no way interferes with that of the private medical attendant. The Medical Officer in charge of the Clinic always refers the mother to her own private doctor for the treatment of any disease (other than simple ailments) which may be detected, and I have almost always found, that the local doctors are quite in sympathy with the work carried on, and some of them occasionally pay visits to our Clinics while a session is in progress.

M. D. RANKINE, M.B., ChB., D.P.H."

MIDWIVES ACTS, 1902 and 1918.

(a) PRACTISING MIDWIVES. During the year under review 278 midwives notified their intention to practise in the Administrative County. Of these, 262 were actually in practice at the end of the year 1924. These midwives are classified as follows:—

Total No. of Midwives in practice at end of year.	Dependent.	Trained Independent.	<i>Bona-fide</i> , including untrained and L.O.S. Certificated.
262	123	103	36

The total number of births which occurred during the year 1924 was 16,218 and of these, 6,417 (39·5 per cent.) were attended by midwives in the capacity of a midwife, and 2,155 (13·3 per cent.) as maternity nurses under the supervision of medical practitioners.

Each midwife was asked to state the number of confinement cases which she attended as a midwife during the year 1924, and it was found that 114 trained and 1 untrained midwives attended 10 or less cases each; 50 trained and 5 untrained attended 11—20 cases each; 30 trained and 5 untrained attended 21—40 cases each; 16 trained and 2 untrained, 41—60 cases each; 9 trained and 3 untrained, 61—100 cases each, and 7 trained and 3 untrained midwives attended over 100 cases each.

In 17 instances reports were received from Health Visitors and others regarding cases of confinement attended by women, who were not certified, acting as midwives without being under the direct supervision of a doctor. Letters of warning were sent to such women acting as midwives and the Health Visitors kept them under observation. In no case, however, was it found necessary to institute legal proceedings.

The following extract from a Notice dated June 1923, issued to Registered Medical Practitioners by the General Medical Council is of interest:—

“Association with Uncertified Women practising as Midwives.” It is provided in the Midwives Act, 1902, the Midwives (Scotland) Act, 1915, and the Midwives (Ireland) Act, 1918, respectively, that ‘no woman shall habitually and for gain attend women in childbirth otherwise than under the direction of a qualified medical practitioner unless she be certified under this Act.’

“And whereas it has been made to appear to the Council that certain registered medical practitioners have from time to time, by their countenance or assistance or by issuing certificates, notifications, or other documents of a kindred character knowingly enabled uncertified women, on pretence that such women were under their direction, to attend women in childbirth, contrary to law.

“And whereas such conduct is in the opinion of the Council discreditable to the profession of medicine, and calculated to defeat the purpose of the Statutes made in the public interest for the protection of mothers and infants;

“Notice is hereby given that any registered practitioner who is proved to have so offended will be liable to have his name erased from the Medical Register.”

(b) NOTIFICATIONS. The following list shows the number of notifications received from Certified Midwives in accordance with the rules of the Central Midwives Board during the year as compared with the previous four years:—

	1920	1921	1922	1923	1924
Records of Medical Aid...	1090	1083	1030	1025	114
Records of Still-birth ...	132	122	108	109	10
Deaths of Mothers ...	1	4	3	1	1
Deaths of Infants ...	19	17	11	5	3

	1920	1921	1922	1923	1924
Artificial Feeding	63 ...	39 ...	35 ...	43 ...	51
Liability to be a Source of Infection	31 ...	46 ...	41 ...	37 ...	58
Laying-out for Burial	95 ..	102 ...	129 ...	181 ...	180
Ophthalmia Neonatorum*or Discharging Eyes	85 ...	99 ...	84 ...	71 ...	62

*In accordance with the revised Rule E. 22 (1) (b) a certified midwife when acting as a midwife must, on and after 1st January, 1924, notify the death of a patient whether a doctor is in attendance at the time of death or not. Hence the increased number as compared with previous years.

The 1144 cases (17·8 per cent.) where midwives sought the assistance of doctors were for various reasons, namely :—

Albuminuria ...	6 cases,	Placenta Adherent	... 66 cases.
Dangerous Feebleness of Infant	63 ,,	Placenta Prævia	... 9 ,,
Eclampsia	4 ,,	Premature Birth	... 50 ,,
Hæmorrhage :—		Prolonged Labour	... 217 ,,
Ante-partum	30 ,,	Presentation (abnormal)	... 71 ,,
Post-partum	30 ,,	Pyrexia (High Temp.)	... 51 ,,
Instrumental Assistance ...	3 ,,	Rigid Os. ..	... 6 ,,
Malformation of Child ...	3 ,,	Ruptured Perineum	... 202 ,,
Miscarriage, Abortion ..	38 ,,	Spina Bifida ...	... 2 ,,
Miscellaneous Causes ...	197 ,,	Still-birth ...	... 6 ,
Ophthalmia Neonatorum or Discharging Eyes ...	66 ,,	Uterine Inertia	... 24 ,,

Puerperal Fever and Ophthalmia Neonatorum.

Special investigations were made into all cases of high temperature of mother and discharging eyes of infant in a midwife's practice.

The results of these investigations showed that during 1924, in eight cases of High Temperature and five cases of Discharging Eyes, the midwives concerned had not properly carried out the rules of the Central Midwives' Board. In three cases the midwives were interviewed by the Chairman and Members of the Maternity and Child Welfare Sub-Committee and reprimanded. In four other instances the midwives were interviewed by the County Medical Officer and cautioned. Letters of caution were sent to the remainder.

Visits.

Seven hundred and eighty (780) routine visits were made to midwives during the year and of these 575 were undertaken by Assistant County Medical Officers and 205 by the Chief Health Nurse.

In addition to those referred to under the previous heading, five midwives were interviewed by the Chairman and Members of the Maternity and Child Welfare Sub-Committee. One midwife was reported to the Central Midwives Board and her name removed from the Roll as the charges were proved against her in regard to her conduct in the case of death of Infant. She had on a previous occasion been interviewed and cautioned for a similar offence.

Two of the other midwives concerning whom the Coroner had made complaints regarding their conduct were interviewed, and in one case reported to the Board. Both these midwives, however, subsequently sold their practices and left the County.

The remaining two cases were investigated on account of death of mother and death of infant respectively and the midwives were severely reprimanded by the Committee.

Doctors' Fees.

In accordance with the Midwives Act, 1918, during the year ended 31st December, 1924, the County Council paid the sum of £999 2s. 9d. as fees to medical practitioners and recovered from patients during the year the sum of £204 18s. 5d.

The following comparative table is of interest, shewing (a) the number of medical aid notices received from midwives during the past five years and (b) the corresponding number of doctors' claims made against the County Council in respect of such notices. This table shows that the number of claims is steadily increasing:—

Year.	No. of medical aid notices received from midwives.		No. of medical aid notices for which doctors' claims have been received.		Total amounts of claims.			
					£	s.	d.	
1920	...	1,090	...	382	...	549	9	1
1921	...	1,083	...	412	...	811	7	6
1922	..	1,030	...	463	...	769	4	6
1923	...	1,025	...	585	...	829	19	3
1924	...	1,144	..	592	...	999	2	9

Lectures to Midwives.

An excellent syllabus of lectures was again arranged under the auspices of the Essex Midwives' Association, of which the County Medical Officer is President, the midwives being invited to the following Centres, at each of which six lectures were given during the winter months:—Chelmsford, Romford, Colchester, Leytonstone, Saffron Walden and Southend-on-Sea.

Essex County Nursing Association.

(a) GENERAL. For the four quarters of the year 1924 the following grants were paid by the County Council to the County Nursing Association in accordance with the Agreement:—

		£	s.	d.
(a) Cost of training District Nurse-midwives ...	...	742	0	0
(b) Maintenance of two Emergency Nurses ...	...	50	0	0
(c) Grants to affiliated District Nursing Associations ...	...	4,471	17	9
(d) Equipping District Nurse-midwives for new areas ...	...	75	0	0
(e) Clerical and organising expenses ...	...	220	0	0
		<hr/> <hr/>		
		£5,558	17	9
		<hr/> <hr/>		

The Agreement between the County Council and the Essex County Nursing Association continued to operate during the year. By arrangement, however, this Agreement terminated on 31st March, 1925, and a new Agreement has been drawn up incorporating the alterations set out below, with effect from 1st April, 1925, and subject to the approval of the Ministry of Health: --

- (1) The Agreement to remain in force for a period of one year certain from 1st April 1925, and thereafter to be determinable by three calendar months' notice in writing on either side on 31st March in any year.
- (2) The Grant of £40 for establishing a Nurse-midwife in any district approved to be increased to £60. Also this Grant is not to be paid oftener than once in three years for a new nurse sent to a district already provided under this scheme except in cases of death, chronic illness, marriage, or other reasonable cause. The old Agreement specified once in five years. The grant to be extended to cover the cost of the training each year of not exceeding one of the emergency Nurse-midwives.
- (3) The Association to retain an additional emergency Nurse-midwife for septic cases.
- (4) The annual grant towards the cost of the maintenance of emergency Midwives to be increased from £50 to £200, the number of emergency Midwives being increased from two to three, as required by para. 3.
- (5) The formation of new District Associations to be subject to the approval of the County Council and the Ministry of Health. The words " up to the number of five per annum " to be deleted.
- (6) The clause to the effect that particulars of a deficit in any financial year to be submitted to the County Council to be deleted.
- (7) An additional clause asking the Association to submit to the Council early in each year an estimate of their income and expenditure for the ensuing financial year to be made.

- (8) A clause to be inserted providing that in the event of the Association being called upon by the County Council, as a result of legislation or by reason of the requirement of a Government Department to perform additional services, the terms of the proposed agreement to be subject to reconsideration.

Owing to the variations in the proposed new agreement it is estimated that the payments by the County Council to the Essex County Nursing Association will be increased by £1275 per annum.

By circular 559, dated 27th February, 1925, the Ministry of Health indicated that as and from 1st April, 1925, grants for the training and supply of Midwives will be made by the Ministry instead of the Board of Education.

The Ministry are prepared "to approve of contributions being made by a County Council to the County Nursing Association in respect of the provision of trained Midwives for service in the area of the Council. These contributions will rank for the Exchequer grant of 50 per cent., under the Maternity and Child Welfare regulations, but the grant will not normally exceed £8 10s. for any Midwife appointed in 1925-26 or 1926-27, and £15 for any Midwife appointed in subsequent years."

Grants will also be made to Institutions approved by the Central Midwives' Board and the Ministry of Health for each student trained as a midwife. Hence it is hoped that the Essex County Nursing Association will be able to claim a grant of £20 for each pupil who completes a course of less than 12 months' duration approved under the new Regulations of the Ministry of Health.

(b) DISTRICT NURSING ASSOCIATIONS. At the end of 1924 the number of District Nursing Associations in the Administrative County which were affiliated to the County Nursing Association and which employed 149 Nurses, was as follows:—

No. of affiliated D.N. Associations.	No. undertaking Midwifery and District Nursing.	No. performing District Nursing duties only.
135	122	13

A summary of the visits made by the District Nurses belonging to affiliated Associations during the years 1922, 1923 and 1924 is given below:—

	1922	1923	1924
Midwifery ...	22,165	24,729	23,742
Maternity ...	25,181	27,181	26,433
District General ...	167,782	161,492	164,607
„ Tuberculosis ...	2,647	3,009	4,232
Health Visiting ...	8,907	12,230	13,967
Home Visits (School Children)	3,494	4,839	5,970
Total number of visits	230,176	233,480	233,951

Of the 135 affiliated Associations, 124 participate in the County Council's Combined Nursing Scheme.

(c) PARISHES SERVED :—

Number in the County (excluding extra-Metropolitan Area)	...	377
Number served by affiliated District Nursing Associations	...	270
Number still to be provided for	... ..	107

As anticipated, the appointment of the Chief Health Nurse who commenced duty on 1st January, 1924, has been conducive to a more comprehensive knowledge of the duties, under the Combined Nursing Scheme, of both Health Visitors and District Nurse-Midwives. The following report, made by the Chief Health Nurse, indicates some of the work undertaken by her during the year :—

“ For the purpose of this report I refer to the duties carried out under the following headings : —

1. Inspection of midwives.
2. Health Visitors.
3. District Nurse-Midwives and the Combined Nursing Scheme.

“ In many cases one visit has fulfilled a two-fold object.

“ 1. INSPECTION OF MIDWIVES. Routine Inspections, 205; Special Investigations, 20.

“ Of the special investigations the most serious were as follows :—

“ (a) *Deaths*. The deaths of two mothers suffering from puerperal sepsis occurred, attended by Midwife E. E. As far as I could ascertain, the midwife had been careful in every respect except in omitting to remove her wedding ring during attendance on these cases. She was interviewed by the County Medical Officer thereon.

“ The death of a premature infant occurred in the practice of Midwife W. R. The midwife did not appear to realise the special care needed for such children, or the importance of her rules as to the summoning of medical aid. Since then a similar case occurred in this midwife's practice and she was struck off the Midwives Roll.

“ (b) *Pemphigus*. The midwife had not previously seen such a case, and quite forgot her rules regarding same.

“ (c) *General*. Most of the midwives are hard working and conscientious, having the welfare of their patients at heart. It is difficult, however, to make them realise that medical aid must be sent for at once at the first sign of inflammation of the eyes. The three reasons which contribute to this difficulty are—

“(i) there is an idea that a notification is a disgrace in the eyes of the Local Supervising Authority (ii) the doctor often laughs at the midwife for being fussy when the discharge is very slight and (iii) the parents object to a doctor's fee when they can see no apparent need.

“2. HEALTH VISITORS. 92 visits paid.

“(a) *General remarks.* In some areas, notably Epping, Billericay, Rochford, Maldon and Bumpstead, the work has suffered considerably owing to the constant changes of health visitors.

“One of the causes of dissatisfaction is the large areas which have to be covered. All the rural health visitors find the cycling, especially during the bad winter months, very trying.

“Judging by my own observations the physical strain on all but the strongest is too great, and a short holiday during the winter would do much to conserve zeal and health.

“I may say that the health visitors, though varying greatly in ability, are hard working and conscientious.

“(b) *School Nursing.* (i) *Clinics.* As these are directly under the School Medical Inspector, I have not seen much of this work. In the Dunmow and Braintree areas the health visitors express great regret that no Dental Clinics are held.

“(ii) *General.* The standard of cleanliness is steadily improving in the schools, but frequent changes of staff have done much to retard progress in some areas. Though, undoubtedly, the least pleasant of the school nurse's duties are those dealing with dirty children, they are in most cases conscientiously carried out.

“Where there is persistent lack of cleanliness, I have noted there is often lack of co-operation from the Head Teacher, due generally to fear of unpopularity with the parents or failure to regard cleanliness as part of education.

“(c) *Tuberculosis.* This is most satisfactorily done in areas where the nurse has a dispensary, and is in constant touch with the Tuberculosis Officer.

“It is difficult and sometimes impossible for patients in distant country areas to attend the dispensary. I am constantly urging those health visitors who have no dispensary, to visit the one at which their patients attend at regular intervals in order to receive instructions from, and report on their visits to, the Tuberculosis Officer.

"(d) *Maternity and Child Welfare.* This is probably the branch of work most appreciated by the parents. The health visitors are all interested in this work, but unfortunately in the large scattered areas where there is no District Nurse-midwife the visiting cannot be done as frequently as is desirable.

"I have not visited many of the Infant Welfare Centres, but from what I have seen and heard their educational usefulness appears to be steadily increasing. Where the premises are suitable and the Committee run the Centre in a business-like way, with no suggestion of charity, the mothers thoroughly appreciate the Welfare Centres.

"(e) *Co-operation between Health Visitors and District Nurse-midwives.* With very few exceptions, the Health Visitors are on good terms with their District Nurse-midwives though the latter are not always used as much as they might be. Where difficulties arise it is usually with the older midwives in the larger places. They feel that they already have plenty to do with their nursing duties and are a little jealous of the status, salary and holidays of the Health Visitors.

"The latter are sometimes inclined to not only feel, but show, their superiority in training. In the past year I am sure there is steady improvement, though I am inclined to doubt that the combined scheme will ever be as satisfactory in the towns as it is in the country areas.

"3. DISTRICT NURSE-MIDWIVES AND COMBINED NURSING SCHEME.
Visits paid, 224.

(a) I feel that the usefulness of the District Nurse-midwives as regards public health duties varies considerably, depending largely on the personality and initiative of the individual. Nearly all fail to recognise the full importance of preventative work, but most of the younger nurses now come from the training home anxious to help, thanks to the introduction they now get into school nursing, tuberculosis and child welfare work at Leytonstone.

"(b) *School Work.* In some cases the District Nurse-midwives do not make sufficient effort to attend at least a part of the medical inspection in order to receive instruction from the School Medical Inspector, and give this Officer information about home conditions, etc. Where they have been asked to do home visiting it has generally been satisfactorily done.

"(c) *Tuberculosis Nursing.* At present none of the District Nurse-midwives have assisted at dispensary work. Nursing duties have been

satisfactorily carried out, but I think the District Nurse-midwife could do much in educating the people in preventive measures. Dr. Sorley's lectures at the Training Home, Leytonstone, will do much to forward this.

“(d) *Maternity and Child Welfare* This is undoubtedly the most popular branch of public health duties with the District Nurse-midwives. They appreciate the importance of the work and in very many cases supervise the infants in their areas very well.

“In nearly all places where a clinic is held they attend regularly and assist the Health Visitor satisfactorily.

“(e) *District Nursing*. In seeing the practical work of the nurses, I have felt that the standard of work taught at Leytonstone must be a very high one to achieve so good a result in so short a time.”

D. M. LANDON,
Chief Health Nurse.

BIRTHS, DEATHS, ANNUAL RATES, &c., 1924.

SANTARY DISTRICT.		Population.			Registrar-General's figures.		DEATHS AT VARIOUS AGES. (Figures supplied by Medical Officers of Health.)										ANNUAL RATES PER 1,000 OF ESTIMATED POPULATION.					
		Area (acres).	Estimated 1924 for		Deaths at all ages.	Births.	Deaths under 1 year of age.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	Total Deaths.	Birth-rate.	Death-rate.	Zymotic Death-rate.	T.B. Respiratory Death-rate.	Other Respiratory Death-rate.	Infantile Mortality.
			Census, 1921.	Birth-rate.																		
URBAN.																						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
BARKING ...	3,805	35,523	37,890	37,890	846	379	72	72	15	16	13	23	45	83	112	379	22.3	10.0	0.5	0.9	1.7	85.1
BRAINTREE ...	2,224	6,970	7,090	7,090	121	121	5	5	...	2	3	7	18	25	61	121	17.1	17.1	0.4	1.4	2.8	41.3
BRENTWOOD ...	460	6,853	7,056	7,056	97	70	6	6	2	1	...	...	3	7	34	70	13.7	9.9	1.1	0.8	1.7	61.9
BRIGHTLINGSEA ...	2,867	4,500	4,380	4,380	6	56	2	2	1	...	...	...	3	12	35	53	15.3	12.8	0.2	0.4	0.7	29.9
BUCKHURST HILL ...	873	5,008	5,068	5,068	75	54	4	...	...	...	...	...	...	...	...	...	14.8	10.6	0.3	0.6	1.3	53.4
BURNHAM-ON-CROUCH ...	4,517	3,434	3,438	3,438	45	47	3	3	1	...	1	3	3	9	27	47	13.1	13.7	0.5	1.4	0.5	65.7
'HELSFORD B. ...	3,112	20,769	21,680	21,680	341	213	13	13	2	6	7	16	26	52	91	213	15.7	9.8	0.6	0.8	1.5	38.2
CHINGFORD ...	2,808	9,482	9,958	9,958	189	101	6	6	4	...	1	3	12	31	44	101	18.9	10.1	0.4	0.7	1.4	31.7
CLACTON ...	4,069	17,951	12,210	12,210	144	130	4	4	3	2	4	2	10	32	72	129	11.8	10.6	0.2	0.5	0.4	27.7
COLCHESTER B. ...	11,333	43,393	47,640	43,940	805	498	36	37	10	15	6	12	56	110	250	496	16.9	11.3	0.8	0.6	1.5	44.7
EPING ...	1,420	4,196	4,427	4,427	58	51	4	4	1	...	...	...	7	10	29	51	13.1	11.5	0.2	0.6	1.5	69.0
FRINTON ...	422	3,032	2,039	2,039	21	18	...	...	...	1	...	2	6	3	6	18	10.3	8.8	...	0.9	0.9	...
GRAYS ...	1,359	17,359	18,150	18,150	349	154	17	17	1	2	2	6	19	33	76	156	19.2	8.4	0.3	0.6	1.0	48.8
HALESTEAD... ..	647	5,923	5,968	5,968	91	82	4	4	...	1	1	...	10	26	40	82	15.2	13.7	0.6	0.6	0.5	43.9
HARWICH B. ...	1,541	13,046	12,710	12,810	264	134	17	14	3	1	3	8	16	31	58	131	20.7	10.9	0.4	0.5	1.3	64.4
ILFORD ...	8,496	85,194	92,400	92,400	1,436	877	62	...	...	...	...	...	...	...	...	...	15.5	9.5	0.6	0.5	1.4	43.3
LEYTON ...	2,594	128,430	133,500	133,500	2,101	1,225	108	110	46	33	36	60	158	353	529	1,325	15.7	9.9	0.6	0.8	2.1	51.4
LOUGHTON... ..	3,961	5,749	5,866	5,866	82	39	3	3	...	...	2	1	2	12	19	39	14.0	6.6	0.1	0.1	0.8	36.6
MALDON B. ...	3,028	6,590	6,326	6,326	91	75	2	2	...	1	1	4	9	14	44	75	14.4	11.8	0.1	0.9	1.2	21.9
ROMFORD ...	5,630	19,442	20,390	20,390	345	228	18	18	3	6	8	6	18	63	105	227	16.9	11.2	0.9	0.5	1.9	52.1
SAFFRON WALDEN B. ...	7,502	5,874	5,656	5,656	90	89	6	5	...	2	1	3	14	16	47	88	15.9	15.7	1.9	0.8	1.1	66.7
SHOEBURYNES ...	1,036	6,413	5,710	5,111	122	56	8	5	1	...	...	...	5	17	15	43	21.4	11.9	...	0.6	1.9	63.6
TILBURY ...	1,855	9,610	12,090	12,090	319	97	20	20	3	3	2	6	16	23	24	97	26.4	8.0	0.5	0.9	1.3	62.7
WALTHAM HOLY CROSS ...	11,017	6,847	6,941	6,941	113	72	9	8	2	...	3	3	2	9	16	72	16.3	10.3	1.1	0.7	1.1	79.8
WALTHAMSTOW ...	4,343	129,395	131,100	131,100	2,291	1,328	147	...	...	1	2	...	...	...	...	...	17.5	10.1	0.5	0.9	2.1	64.1
WALTON-ON-THAMES ...	2,046	3,664	2,548	2,548	45	28	2	2	...	...	...	2	5	3	13	28	17.6	11.0	0.7	0.4	1.2	44.5
WANSTEAD ...	1,679	15,298	15,380	15,380	181	165	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
WITHAM ...	3,713	2,717	3,741	3,741	47	54	4	4	...	1	1	4	6	12	26	54	12.5	14.4	...	1.0	2.1	85.2
WIVENHOE ...	1,564	2,329	2,338	2,338	32	35	2	2	2	...	...	...	5	6	20	35	13.7	14.9	...	0.4	0.8	62.5
WOODFORD ...	2,161	21,236	21,610	21,610	347	202	15	15	6	4	5	7	27	46	93	203	16.0	9.3	0.5	0.5	1.4	43.2
Total ...	102,082	646,327	665,300	660,600	11,155	6,778	606	606	166	152	176	293	782	1,722	2,881	6,778	16.8	10.2	0.6	0.7	1.7	54.3
The figures in Cols. 9-17 are given by the M.O.H., whereas the totals are supplied by the Registrar-General.																						
RURAL.																						
BELCHAMP ...	26,500	4,219	4,183	4,183	67	69	5	5	...	...	2	2	4	12	40	65	16.0	16.5	0.9	1.4	2.1	74.6
BULLERGAY ...	49,394	24,211	26,490	26,290	426	279	19	21	9	6	10	25	72	134	187	464	16.1	10.6	0.8	0.5	1.4	44.6
BRAINTREE ...	62,348	18,779	19,070	19,070	281	226	11	11	2	1	1	10	18	49	134	226	14.7	11.8	0.5	0.4	1.9	39.1
BUMPSTEAD ...	11,874	2,376	2,378	2,378	49	46	4	4	1	...	...	3	2	7	29	46	20.6	19.3	1.6	0.4	1.7	81.6
CHELMSFORD ...	83,945	24,616	25,710	25,710	457	302	23	23	6	2	5	14	31	57	164	302	17.8	11.7	0.7	0.7	1.5	50.3
DONMOW ...	73,503	15,352	15,250	15,250	215	193	5	5	...	3	4	6	7	33	135	193	14.1	12.6	0.4	0.5	2.6	23.2
EPING ...	39,055	14,625	15,090	15,090	244	160	7	...	...	...	...	...	...	...	...	...	16.1	10.6	0.7	0.9	1.1	28.7
HALESTEAD ...	38,712	9,743	9,803	9,803	116	111	6	6	...	...	2	2	11	28	66	115	11.8	11.3	0.9	0.5	2.9	51.7
LEXDEN & WINSTREE... ..	69,485	19,476	19,570	19,570	278	235	15	16	1	3	2	7	22	45	144	249	14.2	12.0	0.4	0.7	1.6	33.4
MALDON ...	82,342	16,479	16,660	16,600	256	211	9	...	...	...	...	...	9	27	60	110	18.8	10.7	0.9	0.5	1.8	38.1
ONGAR ...	47,256	10,054	10,299	10,290	194	110	7	7	4	1	2	...	...	...	...	...	18.9	9.8	0.2	0.6	1.1	26.1
ORSETT ...	38,084	22,903	23,470	23,470	445	231	12	...	...	...	...	...	...	...	...	...	18.9	11.2	0.4	0.6	1.4	50.4
ROCHFORD... ..	55,003	22,868	25,950	25,950	491	291	25	24	7	8	3	8	30	58	152	290	18.9	11.2	0.4	0.6	1.4	50.4
ROMFORD ...	29,720	29,485	35,330	35,330	899	414	60	60	15	9	16	15	47	94	164	415	25.4	11.7	0.6	0.7	2.1	66.3
SAFFRON WALDEN ...	59,975	10,087	10,050	10,050	166	132	11	10	1	2	2	4	7	26	80	132	16.5	13.1	0.9	0.6	1.1	66.3
STANSTED ...	22,954	6,828	6,936	6,936	109	83	1	1	...	1	2	4	7	16	52	83	15.7	11.9	1.0	0.5	1.8	9
TENDRING ...	78,131	21,721	22,230	22,230	380	274	20	20	4	4	7	9	29	62	130	274	17.5	12.3	0.6	0.5	1.2	51
Total ...	592,361	273,814	288,400	288,200	5063	3367	240	240	60	50	64	130	299	730	1794	3367	17.5	11.7	0.5	0.6	1.6	47
The figures in Cols. 9-17 are given by the M.O.H., whereas the totals are supplied by the Registrar-General.																						
TOTAL RURAL DISTRICTS		102,082	646,327	665,300	660,600	11,155	6,778	606	606	152	176	293	782	1,722	2,881	6,778	16.8	10.2	0.6	0.7	1.7	54
TOTAL RURAL DISTRICTS		802,361	273,814	288,400	288,200	5063	3367	240	240	50	64	130	299	730	1794	3367	17.5	11.7	0.5	0.6	1.6	47
TOTAL ADMINISTRATIVE COUNTY.		964,443	920,141	955,700	948,800	16,218	10,145	846	846	226	240	423	1,081	2,452	4,675	10,145	17.0	10.7	0.6	0.7	1.6	52

TABLE XXIV.
CAUSES OF DEATH—YEAR 1924.
(Figures supplied by the Registrar-General.)

SANITARY DISTRICT.	Bacterial Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Cancer, Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Hemorrhage, &c.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhoea, &c. (under 2 years.)	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Accidents and Diseases of Pregnancy and Parturition.	Congenital Debility and Malformation at Premature Birth.	Suicides.	Other Deaths from Violence.	Other Defined Diseases.	Causes ill-defined or unknown.	Special causes included in previous columns.	TOTAL.																												
URBAN.																																																														
BARKING	14	...	4	3	16	2	...	35	4	32	2	2	22	43	4	29	34	2	3	15	4	3	9	1	2	24	2	12	55	379																										
BRAINTREE	10	2	17	1	1	7	16	3	11	8	1	121																										
BRENTWOOD	1	...	...	...	...	...	...	6	...	11	...	...	3	7	3	12	9	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	70					
BRIGHTLINGSEA	1	...	...	...	...	...	...	2	...	6	1	...	12	7	...	12	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	56						
BUCKHURST HILL	3	1	5	...	2	2	7	...	12	3	3	...	...	2	1	3	...	...	...	...	...	...	...	...	...	54																
BURNHAM	5	1	4	...	1	5	3	2	2	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	47														
CHELMSFORD B.	1	...	2	2	2	...	...	18	5	24	...	3	7	27	12	15	11	7	1	3	1	3	5	1	2	9	2	1	16	...	...	...	213																						
CHINGFORD	1	...	3	...	...	7	...	15	1	1	2	11	2	3	10	1	1	...	...	...	5	1	3	5	1	3	29	...	...	...	101																			
CLACTON	1	...	1	1	...	...	7	3	16	...	1	13	22	17	2	3	...	...	1	1	3	6	1	...	3	3	2	25	1	...	...	130																					
COLCHESTER B.	2	...	2	4	8	2	17	2	...	29	9	61	...	4	37	95	13	47	22	...	3	...	6	4	9	...	...	22	3	10	84	3	...	...	498																							
EPPING	1	...	...	3	1	2	...	2	9	7	...	4	3	...	2	...	...	...	...	...	...	2	2	1	12	...	...	...	51																
FRINTON	6	...	...	2	...	2	...	1	1	3	...	1	1	...	...	...	1	...	...	...	...	...	...	...	5	...	...	...	18												
GRAYS	11	1	1	...	1	9	19	5	10	6	2	1	6	1	6	2	6	1	8	55	154																										
HALSTEAD	1	...	...	...	2	...	1	...	...	4	...	11	...	...	12	15	6	3	...	...	...	...	1	1	...	...	1	4	1	1	19	...	...	...	82											
HARWICH B.	1	...	...	...	...	...	5	...	...	7	2	16	...	2	9	20	...	13	3	...	1	1	1	...	3	...	2	10	1	6	31	...	...	...	134																	
ILFORD	1	...	11	...	2	1	41	3	...	52	15	120	10	11	48	128	16	66	57	15	3	6	6	4	32	...	1	28	9	19	171	1	...	...	877																									
LEYTON	13	3	11	11	43	4	...	113	20	156	6	7	69	164	28	135	117	16	17	10	5	4	44	6	2	50	14	37	220	...	...	...	1325																								
LOUGHTON	1	...	...	1	...	5	...	...	5	1	1	2	3	...	...	...	1	...	...	4	...	...	2	2	11	...	...	...	39													
MALDON B.	6	...	...	6	2	7	...	...	11	17	5	5	1	2	...	...	1	...	1	...	...	...	1	2	13	...	...	...	75															
ROMFORD	7	...	...	1	12	...	...	10	3	28	1	1	14	29	4	16	21	2	...	1	...	1	9	...	...	5	2	8	52	1	...	...	228																			
SAFFRON WALDEN B.	1	...	3	1	6	...	...	5	1	9	...	...	8	11	3	4	2	...	1	...	...	1	2	...	3	3	2	23	...	...	...	89																			
SHOEBURNESS	3	1	6	...	2	5	15	1	3	6	1	...	...	...	...	1	1	1	4	1	2	2	1	...	...	56																					
TILBURY	3	...	1	1	2	...	...	12	2	7	1	1	3	11	1	8	7	1	...	3	1	3	...	...	...	7	1	3	17	1	...	...	97																				
WALTHAM HOLY CROSS	2	6	...	...	5	1	7	...	...	3	9	1	5	2	1	1	...	2	...	5	...	...	1	6	...	2	13	...	...	72																			
WALTHAMSTOW	11	1	17	4	40	6	3	120	23	151	2	10	70	169	18	129	124	27	11	12	14	6	39	4	8	54	15	33	204	3	...	...	1328																									
WALTON-ON-THE-NAZE	1	...	...	...	1	...	...	1	...	4	...	...	2	3	...	3	...	...	...	1	...	...	2	...	1	1	1	6	...	...	...	28													
WANSTEAD	1	...	2	5	...	1	11	1	23	...	2	13	28	8	6	10	1	3	...	1	...	...	10	...	3	2	3	51	...	...	...	165																							
WITHAM	4	1	6	...	...	7	8	...	6	2	...	...	...	1	...	...	1	...	...	3	1	13	...	...	...	54															
WIVENHOE	1	1	1	...	...	4	8	1	1	1	...	1	...	1	...	1	...	...	2	...	1	11	...	...	...	35																				
WOODFORD	1	...	1	1	8	...	...	11	4	33	2	1	12	28	4	12	16	3	...	1	...	...	6	...	...	8	...	4	44	1	...	...	202																			
	5	...	68	9	50	34	238	17	4	504	104	803	27	58	424	931	158	546	482	88	53	57	52	35	209	16	22	271	70	170	1259	14	...	...	6778																									
RURAL.																																																														
BELCHAMP	1	...	3	6	2	5	6	15	4	5	3	1	1	3	...	1	13	69																										
BILLERICAY	6	1	2	...	14	1	...	15	9	38	...	1	18	29	8	18	15	5	...	1	1	3	8	...	1	10	4	8	58	2	...	...	279																									
BRAINTREE	1	...	...	...	9	2	24	...	2	18	33	8	24	11	2	1	...	...	1	5	...	1	8	3	4	68	1	...	...	226																				
BUMPSTEAD	3	2	...	1	...	2	...	1	4	5	1	3	1	...	...	...	...	1	3	...	...	2	...	14	...	...	...	46																			
CHELMSFORD	5	3	...	...	18	3	33	1	4	24	33	13	24	15	1	2	1	2	...	7	...	1	8	6	7	78	3	...	...	302																							
DUXMOW	2	...	...	...	5	1	...	8	1	30	...	3	23	33	3	19	5	2	1	...	...	1	3	...	1	5	2	2	41	1	...	...	193																				
EPPING	1	10	...	...	15	4	21	...	...	11	26	7	8	5	4	...	1	1	...	4	...	...	3	1	1	36	1	...	...	160																			
HALSTEAD	2	...	...	...	...	...	7	...	...	5	1	16	...	1	11	4	1	14	3	3	...	1	1	...	2	...	...	1	5	3	1	29	...	...	111																
LEXDEN & WINSTREE	1	...	3	...	4	...	...	15	2	29	...	2	21	42	9	17	8	7	2	...	1	1	3	...	1	8	2	3	54	...	...	...	235																						
MALDON	1	...	1	...	...	...	2	1	...	6	3	16	...	1	14	49	9	17	8	2	2	1	1	1	4	2	...	5	2	8	53	2	...	...	211																						
ONGAR	1	...	...	6	2	15	1	1	5	18	3	11	4	4	1	...	...	6	...	...	3	...	...	...	27	2	...	...	110																
ORSETT	7	1	...	14	4	38																																																		

NOTIFICATIONS OF INFECTIOUS DISEASE AND ATTACK RATES, 1924.

(Figures obtained from the Weekly Notification Returns.)

SANITARY DISTRICTS.	Estimated Population (Death-rate) 1924.	SMALL-POX.		SCARLET FEVER.		DIPHTHERIA.		ENTERIC FEVER.		POORPERAL FEVER.		ERTSIPELAS.		OPHTHALMIA NEONATORUM.		TUBERCULOSIS, POLMONARY.		OTHER TUBERCULAR DISEASES.		CHICKEN-POX.		WHOOPING- COUGH.		MALARIA.		DYSENTERY.		PNEUMONIA.		ENCEPHALITIS LETHARGICA.		CEREBRO- SPINAL FEVER.		ACUTE- POLIOMYELITIS.		POLIO- ENCEPHALITIS.		TOTAL CASES NOTIFIED.			
		No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.						
URBAN.																																									
BARKING	37890	39	1.03	50	1.32	1	0.02	3	0.08	17	0.44	6	0.15	85	2.25	37	0.97	50	1.32	4	0.10	1	0.02	293	7.74		
BRAINTREE	7090	...	...	2	0.28	2	0.28	1	0.14	1	0.14	1	0.14	...	...	18	2.54	...	...	22	3.10	...	...	...	...	...	...	8	1.13	1	0.14	...	...	...	...	...	56	7.90
BRENTWOOD	7056	...	...	8	1.13	4	0.56	...	...	...	...	2	0.11	...	...	4	0.56	1	0.14	...	...	...	...	...	...	...	1	0.14	...	...	...	...	...	...	...	...	19	2.69
BRIGHTLINGSEA	4380	...	...	2	0.45	...	...	...	...	...	...	1	0.45	...	...	6	1.37	...	...	...	...	...	...	...	...	...	5	1.14	...	...	...	...	...	...	...	...	27	3.88
BUCKHURST HILL	5063	...	...	11	2.17	4	0.79	1	0.19	...	...	3	0.69	...	...	2	0.39	1	0.19	...	...	...	...	...	...	...	6	1.18	...	...	...	...	...	...	...	...	19	5.73
BURNHAM-ON-CROUCH	3438	...	...	3	0.57	...	...	...	...	...	...	...	...	1	0.29	2	0.58	1	0.29	...	...	...	...	...	...	...	1	0.29	...	...	...	...	1	0.19	...	...	29	5.73
CHELMSFORD B.	21680	...	...	16	0.73	66	3.04	...	...	1	0.04	2	0.08	...	...	16	0.73	2	0.08	...	...	...	...	...	...	...	9	0.36	...	...	...	...	...	...	...	...	8	2.33
CHINGFORD	9958	...	...	20	2.01	7	0.70	1	0.10	...	...	2	0.20	...	...	9	0.90	5	0.50	6	0.60	3	0.30	1	0.10	...	12	1.20	...	...	...	...	...	...	...	...	112	5.17
CLACTON-ON-SEA	12210	...	...	8	0.65	5	0.41	3	0.24	...	...	3	0.24	...	...	19	1.55	5	0.41	19	1.55	...	...	...	...	...	2	0.16	...	...	...	...	...	...	...	...	66	6.60
COLCHESTER B.	43940	...	...	175	3.98	32	0.72	8	0.18	3	0.06	11	0.25	2	0.04	51	1.16	20	0.45	...	...	...	...	...	...	...	2	0.16	4	0.32	...	...	1	0.08	...	...	69	5.65
EPPING	4427	2	0.45	2	0.45	3	0.67	2	0.45	3	0.67	2	0.45	31	0.77	7	0.01	485	11.04	
FRINTON-ON-SEA	2039	...	...	3	1.47	...	...	...	...	...	...	...	...	...	...	1	0.49	...	...	8	1.80	...	...	...	...	...	11	2.49	...	...	...	...	...	...	...	...	33	7.46
GRAVESEND	18150	...	...	51	2.81	21	1.15	1	0.05	2	0.10	8	0.44	...	...	17	0.93	6	0.33	...	...	...	...	...	...	...	1	0.49	...	...	...	...	...	...	...	...	5	2.45
HALSTEAD	5368	...	...	9	1.51	4	0.67	25	4.19	...	...	...	...	...	...	6	1.05	4	0.67	...	...	...	...	...	...	...	7	0.35	2	0.10	...	...	...	...	...	...	115	6.33
HARWICH B.	12310	...	...	22	1.79	20	1.62	2	0.16	...	...	4	0.32	...	...	11	0.89	2	0.16	142	11.54	...	...	...	...	...	8	1.34	...	...	...	...	...	...	...	...	57	9.55
ILFORD	92400	...	...	152	1.65	75	0.81	5	0.05	3	0.03	41	0.44	3	0.03	106	1.14	23	0.24	...	...	...	...	...	...	...	69	0.96	6	0.06	...	...	...	...	...	...	210	17.05
LEYTON	133500	...	...	143	1.07	154	1.15	4	0.03	6	0.04	40	0.30	4	0.03	191	1.43	53	0.39	...	...	...	...	...	...	...	84	0.62	14	0.10	1	0.008	1	0.008	1	0.008	514	5.57
LOUGHTON	5866	...	...	5	0.85	...	...	...	...	...	...	...	...	...	...	1	0.17	...	...	...	...	...	...	...	...	...	1	0.17	...	...	...	...	...	...	...	...	696	5.21
MALDON B.	6326	...	...	7	1.10	5	0.79	4	0.63	...	...	1	0.15	...	...	10	1.60	3	0.45	4	0.60	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	1.19
ROMFORD	20390	...	...	38	1.86	22	1.08	1	0.04	1	0.04	3	0.12	1	0.04	29	1.42	12	0.58	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	34	5.38
SAFFRON WALDEN B.	5656	...	...	10	1.77	9	1.59	1	0.17	...	...	1	0.17	...	...	5	0.88	1	0.17	...	...	...	...	...	...	...	5	0.24	...	...	...	...	1	0.04	...	...	113	5.55
SHOEBORNESE	5110	...	...	4	0.78	4	0.78	2	0.39	1	0.19	7	0.37	...	...	6	1.17	2	0.39	35	6.85	1	0.19	2	0.16	...	...	...	...	...	...	...	...	...	...	...	27	4.78
TILBURY	12090	...	...	6	0.49	28	2.32	...	...	...	...	...	...	1	0.08	12	0.98	2	0.16	19	1.57	...	...	...	...	...	...	1	0.08	1	0.08	...	...	...	...	...	72	5.96
WALTHAM HOLY CROSS	6941	...	...	5	0.72	13	1.87	...	...	...	...	...	...	...	...	8	1.15	1	0.14	14	2.01	...	...	...	...	...	5	0.72	...	...	...	...	...	...	...	...	46	6.63
WALTHAMSTOW	131100	...	...	189	1.44	254	1.94	14	0.10	4	0.03	52	0.39	11	0.08	203	1.55	56	0.42	...	...	...	...	...	...	...	164	1.25	26	0.19	1	0.007	5	0.03	2	0.01	981	7.49
WALTON-ON-THE-NAZE	2548	...	...	1	0.39	1	0.39	...	...	...	...	1	0.39	1	0.39	2	0.78	...	...	11	4.32	...	...	...	...	...	2	0.78	1	0.39	...	...	...	...	...	...	20	7.83
WANSTEAD	15380	...	...	24	1.56	20	1.30	9	0.58	...	...	5	0.32	1	0.06	19	1.24	6	0.36	34	2.21	...	...	...	...	...	10	0.65	3	0.18	...	...	2	0.13	...	...	133	8.65
WITHEAM	3741	...	...	11	2.94	...	...	...	...	...	...	1	0.26	...	...	1	0.26	3	0.78	9	2.41	...	...	...	...	...	2	1.52	...	...	...	...	...	...	...	...	27	7.22
WIVENHOE	2338	...	...	7	2.99	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	0.85	...	...	...	...	...	...	...	...	9	3.85
WOODFORD	21610	...	...	72	3.33	10	0.46	3	0.13	...	...	9	0.41	2	0.09	18	0.82	13	0.60	...	...	...	...	...	...	...	30	1.38	...	...	...	...	1	0.04	...	...	153	7.32
	606000	1045	1.58	812	1.23	86	0.13	25	0.03	218	0.33	35	0.05	861	1.30	261	0.39	323	0.48	144	0.21	6	0.009	13	0.01	589	0.89	62	0.09	4	0.006	18	0.02	3	0.004	4505	6.82		
RURAL.																																									
BELCHAMP	4183	...	...	...	...	2	0.47	...	...	...	...	...	...	...	...	9	2.15	...	...	4	0.95	...	...	...	...	...	5	1.19	...	...	1	0.23	...	...	...	...	21	5.02
BILLERIOAY	26290	...	...	84	3.19	12	0.46	3	0.11	1	0.03	3	0.11	1	0.03	39	1.48	14	0.53	21	0.77	...	...	...	...	...	20	0.76	3	0.11	...	...	...	...	...	...	210	7.98
BRAINTREE	19070	...	...	11	0.57	14	0.73	...	...	1	0.05	2	0.10	...	...	19	0.99	1	0.05	27	1.42	...	...	...	...	9	0.27	19	0.99	...	...	...	...	...	...	...	94	4.93
BUMPSTEAD	2378	...	...	...	...	...	...	1	0.42	...	...	1	0.42	...	...</																								

